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Congratulations! You are a new Supervisor in child welfare! This binder is intended to be presented to you in conjunction with consultation from the Milwaukee Child Welfare Partnership for Professional Development (MCWPPD). Whether you are new to child welfare or you were promoted from within, the goal of consultation is to provide ideas and concepts for you to think about as you become a supervisor.

Good supervision requires your ability to effectively administer, support, and educate your staff. It is likely that you were promoted because you excelled at your job; perhaps you were a good case manager or foster care worker. It is critical to understand that being a good social worker is functionally different from being a good supervisor. A supervisor’s goal is to have staff that perform well, feel supported, and are learning and growing in their career while serving the families and children of Milwaukee.

In this binder, you will see that each Module includes a Case Study and a Self-Reflection. The Case Study is presented to give a practical and realistic example of the information presented in the Module. The Self-Reflection section will have questions that challenge you to think about what you would do in the case study scenarios. We hope that you will review these sections and challenge yourself to think about the Supervisor you hope to become. Your new career will be a process that you learn and grow from.
Case Study: Becoming a Supervisor

Nicole was an outstanding ongoing case manager. She went above and beyond in all of her ongoing case management duties. Nicole worked well with her families and foster parents. She participated in the implementation of the protective capacity family assessment. She was able to mentor and help other case managers on the floor with the PCFA process, further demonstrating a thorough knowledge of her position. Nicole was respected at Children’s Court by the attorneys and judges. She developed effective case plans for her family utilizing the PCFA process. It was no surprise to fellow staff members when Nicole was promoted to an Ongoing Supervisor.

Nicole is not adjusting well to her new position as a Supervisor. She viewed supervision as an opportunity to teach her work ethics and abilities to her workers. She did not expect to be met with such a variety of different ideas and resistance to her own ideas and expectations. Some of her previous peers are on her team and they continue to view Nicole as a friend and do not take her seriously as a supervisor. She is also struggling with managing time and people, her team members all have different personalities that don’t get along. Nicole is frustrated as she believed supervision would be much easier!
Self-Reflection

What are your expectations of your new position?
What do you anticipate will be challenges for you as a supervisor?
How do you think you will handle these challenges?
Introduction to Supervision

IN THIS SECTION:

• Supervisory Roles
• Leadership Credo
• Getting Started & Building Momentum
• The Systems Model & the 3 C’s
• Situational Leadership: How To Respond
A Social Work Supervisor…
“…is an agency administrative-staff member to whom authority is delegated to direct, coordinate, enhance, and evaluate on the job performance of the supervisees for whose work he or she is held accountable. In implementing this responsibility, the supervisor performs administrative, educative and supportive functions in interactions with the supervisee in context of a positive relationship. The supervisor’s ultimate objective is to deliver to agency clients the best possible service, both quantitatively and qualitatively, in accordance with agency policies and procedures” (Kadushin & Harkness, 2002, p. 23).

As a Supervisor you will need to perform the three roles stated above: Administrative, Educative, and Supportive. You may be better at one role than at another. That’s okay. As you become more familiar with your new position, you will be able to determine which roles and/or activities you are more comfortable with and those which you need to focus on improving. Having an awareness of your strengths and weakness in each role and working toward improving your weakness, is what will make you an effective supervisor.

Listed below is the purpose and responsibility of each supervisory role:

**Administrative**
To ensure adherence to agency policy and procedure.

Responsibilities:
- Evaluating worker performance
- Insisting on full completion of assessments, service plans, tracking tools and other required forms
- Monitoring progress and process toward meeting case objectives
- Participating in program planning activities
- Scheduling and assigning of activities
- Establishing time management expectations
**Educative**
To increase knowledge and skill.

Responsibilities:
- Orienting new workers
- Assessing the learning needs and preferred learning styles of staff
- Building on the existing knowledge and skill base of the workers
- Applying an understanding of the adult learning principles and individual learning styles to the teaching/mentoring process
- Developing learning plans with staff
- Promoting independence
- Conducting regular individual and group conferences
- Preparing staff for participation in training programs
- Help transfer learning from the training program to the job

**Supportive**
To improve morale and job satisfaction.

Responsibilities:
- Motivating staff
- Helping staff manage tension and handle conflict
- Promoting cultural and self-awareness
- Conveying an understanding of the challenges faced by staff
- Supporting the worker’s process in ethical decision making
- Validating the worker’s attempts to use new skills

Information in this section was adopted from:
MCWPPD Train the Trainer
Information in this section was adapted from:
Case Study 1.1: Supervisor Cathy

Cathy has been a supervisor for 4 years. She is a good administrator, but her team has a high-turnover rate. Cathy’s team is always timely with documents, she is very organized, and she communicates her expectations effectively. However, she is not a good educator. She micro-manages her team with regard to due dates and implementation of court ordered services. Cathy does not support new staff through teaching or mentoring, and she maintains the same expectations for new and seasoned staff. She is the authority with her team and they are not allowed to make case decisions on their own. She does not promote independence and her workers are not able to grow in their decision-making skills as social workers.
Self-Reflection 1.1

Which role do you believe you will perform well as a supervisor?
Which role do you believe may be a weakness for you? Why?
What can you do to improve in the role that is most difficult for you?

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A Leadership Credo is a summary, written by you, of your beliefs, goals, and commitments to your staff and the agency as a supervisor. A Leadership Credo is not intended to define the work-related objectives outlined in your job description. Writing a credo requires self-reflection and your ability to answer the question of why you are a supervisor in child welfare.

How to write a Leadership Credo:

- Sit down for 30 minutes, perhaps at home so you are relaxed.
- Think about your goals and commitments as well as specific qualities you hope to embody as a supervisor. The self-reflection exercise below will assist you.
- Keep it short (50-1,000 words).
- Incorporate the mission, values, and goals of the Bureau of Milwaukee Child Welfare, particularly those points that you feel strongly about.
- Speak from the heart and define goals that really mean something to you.
- Don’t copy another credo or use statements from it – it needs to be in your voice and people will know when it’s not.
- Consider putting your credo on nice paper and framing it.
- Place your credo visibly in your office so your staff can see the commitments you have made as a Supervisor.

Information in this section was adapted from:
Scott’s Management Credo

I want to have one moment in each work day when I think about the reasons I became a child welfare worker. I hope that my optimism and knowledge of the profession, as well as my abilities as a supervisor will help my staff to always remember why they became child welfare workers.

**MY GOALS:**
- To encourage my employees to always aim for their highest potential;
- To treat my employees with respect;
- To always educate myself

**I COMMIT TO:**
- Facilitating open and honest communication between staff;
- Be supportive of staff;
- Giving and taking feedback from staff so we can all grow professionally
Self-Reflection 1.2

What qualities are you looking for in a supervisor?
What are your strengths and weaknesses?
What values led you to the child welfare profession that will continue to be of importance in your work as a supervisor?
Where will you put your credo so people can see it?
Getting off to a good start in your new position requires being prepared and realistic. This section will address assumptions you may have about the supervisor position, how to set expectations for your team, and what you must do on the first day on the job.

Here are some key points to know about supervision:

- Supervising other people is different than performing within your own job. No matter how skilled you were in your previous job, a new skill set is required.
- You will not have all the answers. Admitting “I don’t know” or “Let me look into that” is OK.
- Your employees will need to be managed differently than you manage yourself. What has worked for you, will not always work for them.
- Be a direct, straight talker. Don’t hem and haw around answers or give wordy responses to explain yourself.
- Don’t contradict yourself. Don’t give employees different answers to the same questions.

The First Day
On the first day, the best way to introduce yourself to your staff is to hold a meeting. Try not to hold the meeting any later than your first day! Even if you have met staff one on one, holding a meeting sets the tone of your supervision and puts everyone at ease. If you are nervous, it is likely they are too.

Here are some suggestions for your first meeting:

- Plan the meeting. If you try to wing it, you may look incompetent to your staff.
- Reserve a room that is comfortable.
- If possible, put the tables in a circle. This will give your staff a “team” feeling versus an authoritarian approach. A circle prevents invisible barriers, includes everyone, and prevents people from forming cliques in the back of the room.
- Make a great first impression.
- Keep your introduction speech short.
• Have everyone introduce themselves, but don’t ask them to tell their specific position or how long they have been at the agency. Instead ask them about a skill that they bring to their job.
• Try to speak only 10% of the meeting.
• Be yourself! Authenticity goes a long way!

Setting expectations
Here are some suggestions of expectations you should make clear right away. Add other expectations you would like to relay to the team.

• Supervision is non-negotiable. It should not be cancelled except in the event of an emergency.
• The team should have fun together.
• The team should have open communication.
• All team members will be respectful of one another.
• Attendance at team meetings is mandatory, with the exception being extreme circumstances.
• Ask them for feedback about what they need as a team.

Are you ready for your first crisis?
A crisis is likely to occur at some point in any job. In child welfare, workers often begin the day with the expectations to complete certain tasks, and are never able to get to them due to an emergency. Emergencies can include last minute court hearings, moving children, children’s medical needs, and so on. If you are not prepared, these unexpected events can be daunting. Use the knowledge of those around you to prepare for a crisis. Preparation can’t always prevent a crisis from happening, but it can certainly make the job go much smoother.

Solicit advice before the “crisis” occurs by:
• Talking to other experienced supervisors.
• Talking with your supervisor.
• Getting feedback from your employees’ experiences in previous crises. Ask them how their previous supervisor handled the situation. Could anything have been handled differently?

Information in this section was adapted from:
Case Study 1.2: Joan’s First Day

Today was Joan’s first day on the job as a child welfare supervisor. She was very nervous, particularly about her limited knowledge of child welfare. Prior to taking the supervisor position, Joan worked as a social worker for five years at the local children’s hospital. She has always been interested in child welfare and had some encounters in her previous position as she occasionally worked with foster children on her unit. Twice Joan had to call the child welfare intake number for suspected abuse. She was very motivated to be a supervisor in child welfare and hoped that although her knowledge was lacking, her zest for the profession would shine through.

Joan decided to hold a meeting. She had met two employees that she will be supervising at an agency tour last week, but she wanted to meet everyone and at the same time. She arrived to the office early so she could send out an email about the meeting and to allow for her to reserve a room.

As staff filed into the conference room, she got the sense that they were not very pleased. She heard some mumbling from one staff member to another about having to be there and not being able to get work done. Joan’s anxiety increased as she heard her new staff complaining. On top of that, she felt incredibly lost with the child welfare language that was being used in the office. She couldn’t believe that she was only three hours into the first day and already she felt so incompetent!

Joan started the meeting apologetically. She apologized for pulling them away from their work. She explained that she is highly motivated and pleased to be the team’s supervisor. She explained her limited knowledge of child welfare and told the team that she would be relying on their expertise to help her get settled. Joan could tell the group was not comfortable. In fact, they appeared to be more frustrated and anxious than when they came in.
Self-Reflection 1.3

What would you do in Joan’s situation?
What expectations do you believe will be important for you to establish immediately?

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All organizations have a purpose and individuals work together to meet that purpose. Organizations have to decide what they hope to accomplish (want), the processes they need to follow (do), the resources necessary to achieve goals (need), and how they are doing (feedback).

The systems model can help supervisors understand clearly what is happening in the agency as a whole or on their own team. The model can be used as a tool to determine where energy should be focused to achieve a goal.

An “excellent system” would look like this:

In reviewing this diagram, think about your team within the agency.

- The “want” defines the shared vision and the purpose.
- The “do” defines the shared vision and purpose for the team and the policies and procedures for the agency as a whole.
The “need” is the 3 C’s for the team (Committed, Competent, and Confident staff) and it’s the resources to get the job done for the agency.

**The 3 C’s**

- As the supervisor, you will need to ensure that the “want”, “do”, and “need” are clear to your team.
- If “want” is ill-defined and “do” is focused on, the “need” will be ignored.

Here are some suggestions for goal setting with your team:

- Define success while at the same time defining accountability issues
- Clarify the “want” first and then clarify the “need”
- Don’t set a goal that is task oriented. If you do, there will be no “buy-in” from your team.
- Examples of goals are “reducing the number of moves a child has” or “highest rate of reunification on the team”.
When goal setting with your team, a simple way to determine if you are clarifying the “want” is to ask why a task needs to be done. For example, let’s assume that you set a goal of having court documents turned in on time.

Team Goal: All court documents will be turned in on time.
Why?
The agency expects timely documents to court.
Why?
Court expects reports to be handed in timely for dispositions.
Why?
The attorneys and judge need family information.
Why?
To move forward with court dispositions for families.
Why?
Going to disposition allows for the case to progress.
Why?
If families can’t move forward through the court process, in many respects their lives are on-hold. Parents don’t have their children home; adoptions don’t go through, and so on.

Your team will be more motivated when they know the “why” for a task. When you explain that the court process is stalled when court documents are not turned in on time and families’ lives are placed on-hold, it is very likely that your team will be more connected to the task of timely court documents.

Information in this section is adapted from:
Case Study 1.3: Home Visits

Susan’s team set a goal several months ago of achieving 100% monthly face-to-face contact with the children on their caseloads. To motivate the team, she placed a chart on her door for everyone to see. Initially, she noticed that everyone was excited about achieving the goal, but after the second month, the interest declined. In fact, Susan has even lost interest in completing the chart and forgot to put last month’s results up.

Susan recognized this “change of heart.” Her team doesn’t care any less about seeing their children. In fact, seeing the children on their caseload is very important to each worker. When she asked her team why it was important to see their children weekly, policies aside, they responded that they wanted to know how the children were doing in all aspects of their life. The team also responded that seeing them consistently ensured safety and helped in building a stronger relationship with their workers.

Susan realized that the goal was task oriented and there was no “buy-in” from her team. She needed to establish a goal that was important to her team.

Self-Reflection 1.4

Can you create a goal for Susan’s team that focuses on their beliefs as to why monthly home visits are important?
Situational Leadership

Situational Leadership is how you as a Supervisor get the system, as described previously, moving. The Situational Leadership Model, developed by Ken Blanchard and Paul Hershey, integrates leadership style with the learner’s situation. The model demonstrates how you should gage your supervision to meet the individual needs of your staff. It includes other variables such as the learner’s performance, group moral and productivity, and the development of power over time.

Why is it important to change your leadership approach to meet the needs of each of your worker? If you were to use the same supervisory style for everyone, you would have very unhappy staff. Envision a line of staff outside your door waiting for supervision. It is very likely that each person will require a particular response to their individual needs.

- If you were to delegate and direct new staff, they would very likely feel unsupported.
- If you were to coach old staff, they would very likely feel micro-managed.

As you learn how to match leadership approaches with the situation of the learner, consider a child learning to ride their bike. The “S” associated with each approach is plotted on the model shown on page 19. The “R” is associated with the worker’s ability and willingness to do the job.

**Directing** (S1) is the leadership approach used for the “enthusiastic beginner”. The beginner (R1) is described as willing, but unable.
- In this approach, you would teach the child how to ride by giving directives such as keeping balance and the speed of pedaling.
- The child is very willing to ride his bike, but is unable to actually ride the bike on his own.

**Coaching** (S2) is the leadership approach used for the “disillusioned learner”. The learner (R2) is described as unwilling and unable.
- Imagine the child falls off his bike. He is upset and doesn’t want to ride the bike anymore.
- He wants to give up saying that he can’t do it. He is still unable to ride his bike, but now he is unwilling to learn how to ride his bike.
Supportive (S3) is the leadership approach used for the “cautious, but capable performer”. Supportive leadership can be described as “lots of cheerleading”. The performer (R3) is unwilling, but able.

- The child gets back on his bike, but he is feeling unsure, as he doesn’t want to fall again.
- The child is becoming more capable at riding his bike, but his fear is impacting his belief that he can do it.

Delegating (S4) is the approach used for the “self-reliant achiever”. The achiever (R4) is willing and able.

- On a beautiful sunny day, you might tell him to go ride his bike.
- He is able to ride his bike and he is willing to!

The “D” demonstrates the developmental level of the follower or the person being led by the supervisor. Blanchard and Hershey believe that the leader’s style should be responsive to the Competence and Commitment of the follower. In the graph on page 19, D1-D4 is used to show the productivity and morale of the agency or group due to the developmental levels.

Low Competence, Low Commitment (D1) is the initial stage where productivity is low because the follower does not have the skills or the confidence to get the job done. Morale is generally high because they are new to the job and eager to learn.

Some Competence, Low Commitment (D2) – Remember the “disillusioned learner”? The group has low morale; however, productivity is improving as they are learning how to do their job.

High Competence, Variable Commitment (D3) is when workers are experienced and they can get the job done. Their commitment varies due to lack of confidence to do the job on their own. Morale and productivity are steadily increasing.

High Competence, High Commitment (D4) is when workers are experienced at the job and can do it well. Productivity is high, as is morale.

Types of power are described in the graph on the next page. Power changes for worker as they become more knowledgeable and skilled at their job. “Earned” power is for the newer employee who respects their superiors.
because they have to. It is possible for an employee to become an expert and have “given” power.

At times, employees are more knowledgeable than their supervisors. This is when an employee who originally respected their supervisor because of their opinion, might begin to lose respect for them as they realized the limited knowledge or expertise their supervisor has.

\[
\begin{align*}
\text{Earned} & \text{ Coercive/Formal Power – power is in the position} \\
& \text{Reward/Connection – power is earned through the work being done.}
\\
\text{Legitimate} & \text{Referent/Personal – power gained by “who” the worker knows} \\
\text{Given} & \text{Expert/Information – power is gained by knowledge}
\end{align*}
\]

Situational Leadership does not only apply to the growth and development of a novice worker who becomes an experienced worker. At times, your leadership style will need to adapt to different situations with the same worker. Here are some examples:

- An experienced worker (D4) is faced with a task in which they do not possess the necessary skills. The worker will revert to D1 when dealing with the new task.
- The performance of a worker is poor. Consider Sally in the next section who is usually a highly competent worker with high commitment. She begins handing in late case progress evaluations, placing her into D3 status.

Information in this section is adapted from:
Situational Leadership Model

Legend
- Baseline
- Productivity
- Morale

Leader Style

High

Low

Task Behavior

High

R4         R3         R2        R4

D1          D2          D3        D4

Expert Information
Referent Power
Legitimate Power
Reward/Connection
Coercive/Formal

Supporting
Coaching
Delegating
Directing
S1
S2
S3
S4

Introduction to Supervision
1. 19
Case Study 1.4: Laura goes to court

Jennifer is Laura’s supervisor. Laura is a competent case manager and demonstrates a strong commitment to the job. However, after six months on the job, she cannot attend court on her own. Jennifer has observed her in court. Laura has difficulty speaking and when she does, she is not able to articulate herself. She works very hard with her families, but it does not show when she gets into court.

Laura does not feel supported by Jennifer in the courtroom. She did have to attend a few court hearings on her own very early on the job and they went horribly. She was yelled at by a judge and she doesn’t want to deal with that again. She enjoys her job, but has become very anxious about court. She now has requested that Jennifer attend every court hearing with her until she is more comfortable. Still, Jennifer attends the court hearings, but doesn’t say much or give much direction.
Self-Reflection 1.5

Using the Situational Learning Model, can you determine where Laura is developmentally? Can you identify the different sources of power involved in this case study? What style of leadership should Jennifer use in this situation?
Case Study 1.5: Mike and Sara

Mike is a new supervisor in child welfare. While in graduate school, Mike participated in a field placement at a child welfare agency. Aside from his field placement, Mike has no other child welfare experience.

Sara has worked in child welfare for many years. She is extremely knowledgeable on all aspects of child welfare and is often the “go to” person for many people on her team.

Sara is not receptive to Mike’s supervision. She feels that Mike is not qualified to supervise her, due to his limited experience in the field.

Self-Reflection 1.6

Can you identify the different sources of power involved in this case study? What style of leadership should Mike use when working with Sara? How would you manage a situation in which your worker is more knowledgeable than you and knows it?
Individual Supervision

IN THIS SECTION:
• Individual Supervision
• Supervision Structure
• 10-step to performance evaluation
• Performance Analysis
• Progressive discipline
Individual Supervision

Individual Supervision is a meeting that occurs on a weekly basis with each of your workers. Individual Supervision is the single most important function of your role as a supervisor. Remember the three roles? In individual supervision, you will be exercising your decision making skills, evaluating worker performance (administrative), promoting staff development (educative), and providing encouragement to your staff (supportive). The varied levels of your staff’s development will require different roles at different times.

Be consistent with Individual Supervision

- It demonstrates reliability to your worker
- It keeps you abreast of your worker’s cases
- It defeats panic and prevents several “mini-supervisions” throughout the week

How to be consistent:

- Individual Supervision should occur on a weekly basis.
- It is best to schedule supervision on the same day and at the same time every week.
- Supervision should only be cancelled under extreme circumstances. When cancelled, it should be promptly rescheduled, ideally prior to the originally scheduled time.
- Be sure to send a clear message to your workers that supervision is non-negotiable.
- Have a consistent structure for your supervision. This way the worker always knows what to expect from supervision and it helps you to stay on task.
Show respect by giving your undivided attention:
- Ensure that supervision is uninterrupted. Keep the door closed and alert your team to be respectful of the supervision time of others.
- Don’t answer the phone or respond to emails during supervision.

Be organized:
Here is one method of organizing yourself around Individual Supervision for your staff. Maintain a binder for each worker and in the binder, a tab for each family. Within each tab, have loose leaf paper where you can write a running narrative during supervision. Sketch a family genogram and include it in the binder. A genogram is a format for drawing a family tree. You might think that this isn’t necessary, but think of how much more effective you can be when you are not rehashing who’s who of the Smith family.

Other reasons to use genograms:
- They are useful tools in case transfers
- They can be presented at court or in central staffings to help others understand family dynamics

Case Study 2.1: Why consistency matters

*Supervision is scheduled every Tuesday with John at 2 p.m.*

John can count on supervision occurring every week as it’s already scheduled. There is no confusion as to when supervision is occurring – It’s Tuesday at 2 PM. John can rely on this time with you to process new information, ask questions, get feedback, and review cases. It puts him at ease when he has less immediate questions because his time with you is guaranteed.

*Supervision with Sandy is scheduled week to week.*

Sandy’s schedule didn’t coordinate with your schedule for last week as she had several court hearings, so no supervision was held. This week Sandy thought supervision was scheduled for Tuesday, but you had it in your calendar for Wednesday. Sandy is in your office frequently asking questions that really could wait.
Here is an example of a genogram:

This genogram tells us the following information:

- Bernice and Rob divorced in 2005.
- They have two girls, Latrice and Shonda.
- Latrice is the youngest.
- Latrice lives with Rob.
- Bernice lives with Shawn, but they are not married.
- Shonda lives with Bernice and Shawn.
- Bernice and Shawn have one child together, Martin.
- Bernice is pregnant.
- Martin is placed in a foster home with the Wilson family.
Case Study 2.2: Genogram

Katie and Rob have been dating for two years. They currently live together. The couple gave birth to a little boy, Cole, three months ago. Together, they also have a two-year old, Noah. Celia, Rob’s daughter from a previous marriage, had also resided in the home. Celia is 9 years old. Celia would sometimes see her mother, Jane, on the weekends.

Katie is cognitively delayed with an IQ of 73. Rob has a job at a restaurant. Rob is an alcoholic who drinks heavily when not at work. The children were detained two weeks ago after Celia told a social worker that Rob hits her frequently often leaving bruises. Celia’s mother, Jane, is unable to care for her due to alcohol and drug issues of her own. Celia was placed in the foster home of Mr. and Mrs. Able. Cole and Noah were placed with their maternal grandmother, Maria.

Using the symbols below, sketch a genogram depicting the family on the next page.

![Genogram Diagram]

- 15: Female, age 15
- 26: Male, age 26
- 35: Deceased female, died at age 35
- Marriage
- Divorce (one line if separated)
- One daughter and one son
- Foster child would have dotted line
- Boundary of household
Individual Supervision
2.5

Supervision Structure
Here is a suggested format for your supervision time:

**Check-in (Supportive)**
- Make the worker comfortable
- Engage the worker
- Hear the worker’s story
- 5 minutes

**Formal Case Staffing (Administrative, Educative)**
- Answer the worker’s questions
- Establish the number of cases or families to be staffed each week and rotate
- Determine key questions that you will ask for every case or family
- 35 minutes

**Worker’s time (Supportive)**
- Discuss pressing issues
- Ask questions
- 15 minutes

**Feedback (Supportive, Administrative, Educative)**
- Strength-based feedback
- Performance Analysis
- Review Training and Development Tracker (TDT)
- Discuss learning objectives for any upcoming foundation training (located on MCWPPD website)
- 10 minutes

**Closing (Supportive, Educative)**
- Set expectations for the week
- Ask the worker for feedback on your supervision
- Ask the worker if they need anything
- Address any performance issues
- Recognize growth and good work
- 5 minutes

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**Case Study 2.2: Michelle’s Supervision Process**
Check in
Michelle
- Has set a comfortable environment
- Asks the worker “How are you doing?”
- Gages anxiety
- Puts the worker at ease

Formal Case Staffing
Michelle has the caseworker staff 3-5 families per individual supervision. Here are questions that are asked for each family:

Current Safety
- Are there impending dangers?
- Is the child safe in current placement?

Well-being
- Is the child up to date on medical and dental?
- Is the child healthy?
- How is the child’s emotional state?
- Is the child in school/activities?
- How well does the child interact with others?

Permanency
- What parental behaviors must change for reunification to occur?
- Discuss the Family Interaction Plan. Can visitation be increased or in a less restrictive setting?
- What are the diminished protective capacities? How do you know?
- What is your relationship with the client? Are they engaged?
- Is the client ready, willing, and able to move toward change?
- Is the service plan effective?

“Let’s make some near term plans/decisions and evaluate our long-term views.”

Worker’s time
Michelle allows the worker to have time to discuss pressing issues of the day or week, ask questions, and to discuss obsessions.

**Feedback**
Michelle uses this time to give the worker feedback tied into the performance analysis. Feedback is strength-based. Michelle reviews the worker’s training and development tracker.

**Close**
Michelle scheduled the next supervision.

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**Case Study 2.3: Supervisor Michelle**

Supervisor Jim recently left the agency and Supervisor Michelle has taken over his team. Jim did not provide regularly scheduled individual supervision. He would often have to cancel supervision due to a case crisis and it was not promptly rescheduled. Jim’s individual supervision meetings lacked a formal structure and really were more of a free-flowing discussion about cases and safety. Supervisor Michelle is requesting weekly supervision that will be scheduled at the same day and same time for each worker. She has a formal structure during supervision.
Self-Reflection 2.1

If you were in Michelle’s position, what do you think would be the challenges?
Can you think of any advantages to this situation?

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One of the duties as a Supervisor is completing a performance evaluation for your staff. It’s often a dreaded event, but it doesn’t have to be. Performance evaluations are venues for feedback that are necessary for an individual’s professional development. This section offers a ten-step guide to conducting an effective, stress-free performance evaluation.

**Step One: Analyze performance**
- Analyze the employee’s performance
- Not the reasons for, but the actual performance itself
- Be abstract, rather than concrete
- What do they do well?

**Step Two: Ask the employee to meet with you**
Don’t…
- Have someone else do it
- Send an email or a note
- Combine the asking and the meeting
- Say too much or too little
- Make too much of the performance review
- Do so while angry

**Step Three: Begin the meeting**
- Set the stage by eliminating distractions or interruptions
- Make the person feel comfortable
- Pay attention
- Demonstrate interest, but don’t go off task

Structure the evaluation:
- Find out how things are going on the job for the employee, and any problems they might be having
- Get their ideas and suggestions about how you make their job less frustrating and more satisfying
- Hear what they think they do well and what they can improve
- Offer your thoughts on the above
• Mutually agree on some specific goals for the future – things the employee will be working on to improve his/her performance and some things you will be doing to make the job less frustrating and more satisfying

*Step Four: Find out how things are going*
• Ask open-ended questions
• Allow for venting
• Be a good listener
• Just listen
• Don’t offer critical comments

Do ask…
• How do you feel about…?
• What are your thoughts about…?
• What do you think about…?

Don’t ask…
• Can’t you…?
• Is it…?
• Wouldn’t you…?
• Have you…?

*Step Five: Ask “the question”*
• “You’ve identified some problems, Ryan, but they sound like solvable problems to me. A little later I’d like us to put our heads together to look for some solutions. But now I’d like to move on to another subject. I’d like you to tell me what I could do, as your supervisor, to make your job here a little less frustrating and more satisfying.”

Why ask “the question”?
• Employee’s love it
• It’s an excellent way to get feedback
• When you ask the question to numerous employees, you will get themes
• Get new perspectives
• Antidote to self-deception
• Key to unlocking the door to better performance
Step Six: Get the employee to do a self-analysis
Make a transition statement
- “Why not begin with things you are doing well… and then we will talk about areas that need some strengthening…”
- Really listen
- Give details and specific examples

Step Seven: Present your analysis of your employee’s performance
- Use your analysis
- Start with positive
- Align/mutuality between assessments
- Always be ready to switch back to listening
- Get your employee’s reaction to your analysis

Step Eight: Negotiate the Performance Agreement
- Specific tasks the employee is going to work on during the next four to six weeks to improve his/her work performance
- Specific tasks that you are going to work during the same period to help the employee improve and make his/her job less frustrating and more satisfying

Step Nine: Close the meeting
- “Well we’ve covered a lot of ground today. Before we close though, I’d like to get your reactions to our meeting…”
- Whenever employees seem angry and/or irritated, give them room to talk
- Whatever the complaint, ask the employee to come up with ideas of how to solve the problem.
- Stop-Look-Listen if escalation…
- End on positive note, thanks, and follow-up meeting

Step Ten: Follow-up
- Immediate reinforcement
- Don’t neglect the agreement
- Follow through on your end!
- It’s hard work – be encouraging and give rewards
Case Study 2.4: Evaluating John

Ryan is John’s Supervisor. John started three months ago and his 90-day evaluation is scheduled for next week. John has demonstrated an eagerness to learn his position. He generally responds well to feedback and applies the feedback to his performance. John is very empathetic and respectful toward his clients. He appears to have a good grasp of the Protective Capacity Family Assessment and reviews his understanding with Ryan during individual supervision meetings.

Ryan was pleased to have John on his team, until today. Ryan received several calls from a foster parent stating that John was not returning her calls. Ryan approached John and informed him of the foster parent’s call to him. Ryan expressed that the foster parent was very frustrated and that in the future, he needs to return phone calls within 24 hours. John apologized and stated that he would return the call. Ryan believed that his directive was taken well.

Later that day, Ryan walked by John’s cubicle and overheard John talking to another worker. John stated that he was overwhelmed and he felt he was getting no support from Ryan as a supervisor. John stated that Ryan is never around when he needs his assistance and has no understanding of what it is like being a new worker. Ryan returned to his office and was outraged. Ryan knows he has been very busy, but he’s tried to be as available to his workers as possible. Ryan couldn’t believe the nerve of John. Ryan began to think of how needy John was. Now Ryan has to write a performance evaluation and will be sure to let John know where he needs to improve.
Self-Reflection 2.2

If you were Ryan, would you start the evaluation today? Why?
What are some things that you would do to ensure that your personal feelings are not affecting John’s evaluation?
Should Ryan address with John what he overheard?
As a Supervisor, you will have the task of addressing performance issues with your workers. A *Performance Analysis* will allow you to “analyze” a worker’s poor performance to determine the cause.

We often assume that if a worker’s performance is poor, they need more training. However, when a performance analysis is conducted, you will find that lack of training or knowledge is not the problem. According to Mager & Pipe (1997), there are many possible reasons for poor performance (p. 3). Examples are:

- Not knowing expectations
- Lack of tools, space, and/or authority
- No feedback on performance
- Rewarded for poor performance
- No reward for good performance
- Ignored whether or not they are doing a good job
- No knowledge of how to do the task

There are a few steps that should be completed prior to beginning the performance analysis. First, identify the *performance discrepancy*. Mager & Pipe (1997) describe a performance discrepancy as the difference between what an employee should be doing and what they are doing.

1. State performance expectations
2. State the worker’s performance
3. Is it worth it?

You should consider the question in step 3. Is the performance hurting anyone, resulting in incorrect work, or affecting the agency? If the answer is no, then don’t put your energies into correcting the performance.

The next step is to complete the performance analysis. There are several tools available for conducting performance analyses. We will provide with a few in this section and in the appendix. It doesn’t matter which tool you use, as long as you are conducting an analysis.
In conducting a performance analysis, the 7 Factors of Job Performance are considered. The 7 Factors of Job Performance are the factors that are necessary for a job well done. They are as follows:

**Standards**
- What the task is and when it’s due
- Often written standards are available
- There should be agency agreement, no inconsistency of standards

**Conditions**
- Refers to working conditions
- Tools to complete the job, i.e. a computer, voicemail

**Feedback**
- Tells them know how they are doing, good or bad
- Should be frequent, specific, and understandable
- Should be direct and given by the supervisor

**Motivation/ Incentives**
- Worthiness of task
- Incentives for good performance
- Incentives need to matter to them
- Does good work lead to more work? (less incentive for a job done well)

**Measurement**
- Performance needs to be measured
- Objective measurements
- Measurements make sense

**Knowledge and Skill**
- Has the task been performed correctly before?
- Training and effectiveness of training
- Worker’s awareness of expectations
- Could the worker do the task if their life depended on it?

**Capacity**
- Worker capability both mentally and physically
Case Study 2.5: Sally

Let’s consider Sally: Sally has always completed her case progress evaluations (CPE’s) on-time in the past. Recently, she has been handing them in one to two weeks later than usual. Let’s identify Sally’s Performance Discrepancy.

Performance Discrepancy = What Sally is doing
What Sally should be doing

1. State performance expectations:
   • Sally completes all CPE’s (100%) within allotted time.

2. Identify actual performance:
   • Sally completes 65% of CPE’s on time.

3. Ask yourself: Is it worth your effort?
   • Yes, Sally needs to complete her work on time. Case Progress Evaluations are important measurements of the family’s progress toward change.

4. Conduct a performance analysis:
   • Page 17 shows the 7 Factors of Job Performance and the impact each could have on Sally’s ability to turn in timely Case Progress Evaluations.
   • Pages 18-20 demonstrate the use of “The Performance Analysis Checklist”. You will see that as items are checked “yes” or “no”, the cause of Sally’s performance becomes clearer.
The answers:

- Sally has achieved 100% timely completion of her CPEs in the past, so we know that Sally knows how to complete a CPE. (Knowledge & Skill)
- Sally is physically and mentally capable of completing a CPE. She has the tools, a clean workspace, and she has the time. (Capability)
- Sally has a tracking tool hanging up in her cubicle with CPE due dates, so she knows when they need to be completed. Sally has written excellent CPEs in the past. (Standards)
- Sally’s performance is measured during her performance evaluations. (measurement)
- Sally was not complimented when she was timely with her CPEs. She has had any negative consequences for handing in late CPEs. (Motivation/Incentives)
- Sally has not been told that late CPEs are unacceptable. (Feedback)

5. Address the performance issue:

- Sally needs feedback. She needs to hear from her supervisor that late CPEs are unacceptable. The late CPEs need to be acknowledged and a negative consequence should follow. Sally was being rewarded for not handing them in timely because nothing was happening. Sally probably thought, “If nothing happens when I hand them in late, why stress to hand them in on time”? Refer to the ten-steps for performance evaluation for tips on how to offer effective performance feedback.

Information in this section is adapted from:
Mager and Pipe (1997)
Langevin Learning services
7 Factors of Job Performance

Non-Training Solutions

Feedback
Does Sally know that it’s unacceptable to be late?

Capacity
Is Sally capable of completing CPE’s?

Conditions
Does Sally have the tools, workspace, and time?

Measurement
Is Sally’s performance measured?

Standards
Does Sally know how and when CPE’s are supposed to be done?

Motivation/Incentives
Is there incentive for performing well?

Knowledge & Skill
Does Sally know how to complete a CPE? Could Sally complete a CPE if her life depended on it?

Training Solutions

Adopted from Langevin Learning Services

Individual Supervision
2. 19
## Performance Analysis Checklist

**Task:** Completing timely Case Progress Evaluations

**Who is responsible:** Sally

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<thead>
<tr>
<th>Standards</th>
<th>Yes</th>
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<td>1. Do they know <strong>what</strong> to do?</td>
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<td>2. Do they know <strong>when</strong> to do it?</td>
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<tr>
<td>3. Do their supervisors agree on what and when?</td>
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<td>4. Are there written standards?</td>
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<td>5. Do they know how they’ll be evaluated?</td>
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<th>Conditions</th>
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<tbody>
<tr>
<td>1. Are task procedures clear and workable?</td>
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<td>2. Is the workplace physically organized?</td>
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<td>3. Is enough time available?</td>
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<td>4. Are tools and equipment available?</td>
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<td>5. Are tools and equipment operative?</td>
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<td>6. Is necessary information available?</td>
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<td>7. Is information accurate?</td>
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<td>8. Are distractions and interruptions minimized?</td>
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<td>9. Are policies and procedures flexible enough?</td>
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<td>10. Do they have enough authority?</td>
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<td>11. Can the job be done by one person?</td>
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<td>12. Is support available for peak periods?</td>
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<table>
<thead>
<tr>
<th>Feedback</th>
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<th>Not Sure</th>
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</thead>
<tbody>
<tr>
<td>1. Are they informed about how they’re doing?</td>
<td>☐</td>
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<td>2. Is feedback given soon enough?</td>
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<tr>
<td>3. Is feedback given often enough?</td>
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<td>4. Is feedback understandable?</td>
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<td>5. Is feedback tied to “controllable” performance?</td>
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<td>6. Is feedback specific?</td>
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<tr>
<td>7. Is feedback accurate?</td>
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<tr>
<td>Motivation/Incentives</td>
<td>Yes</td>
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<td>Not Sure</td>
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<tr>
<td>1. Is the task seen to be worthwhile?</td>
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<td>2. Do you believe they can perform the task?</td>
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<td>3. Is there incentive for performing well?</td>
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<tr>
<td>4. Do the incentives really matter to them?</td>
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<tr>
<td>5. Is the incentive contingent upon good performance?</td>
<td>☑️</td>
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<tr>
<td>6. Do they know the link between incentive and performance?</td>
<td>☐️</td>
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<td>7. Are incentives scheduled to prevent discouragement?</td>
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<td>8. Are all available incentives being used?</td>
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<td>9. Do they find the work interesting?</td>
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<td>10. Are there inner satisfactions for good performance?</td>
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<td>11. If incentives are mixed, is the balance positive?</td>
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<td>12. Is “punishment for good performance” prevented?</td>
<td>☑️</td>
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<tr>
<td>13. Is “reward for poor performance” prevented?</td>
<td>☐️</td>
<td>☑️</td>
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<tr>
<td>14. Is there peer pressure for good performance?</td>
<td>☑️</td>
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<tr>
<td>15. Is task unpleasantness or stress within acceptable levels?</td>
<td>☑️</td>
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<tr>
<td>16. Does poor performance draw attention?</td>
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</tr>
<tr>
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<tr>
<td>1. Is performance measured?</td>
<td>☑️</td>
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<tr>
<td>2. Are measurements based on task performance?</td>
<td>☑️</td>
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<tr>
<td>3. Are measurements based on results rather than activities?</td>
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<tr>
<td>4. Are task purposes measured?</td>
<td>☑️</td>
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<tr>
<td>5. Are the measurements objective?</td>
<td>☑️</td>
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<td>6. Are the designers of the measurements qualified?</td>
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<tr>
<td>Knowledge and Skill</td>
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<td>Not Sure</td>
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<tr>
<td>1. Did they ever perform the task properly?</td>
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<tr>
<td>2. Is the task performed often enough to ensure retention?</td>
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<tr>
<td>3. Do they know the task is expected of them?</td>
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<tr>
<td>4. Is training provided?</td>
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<tr>
<td>5. Is the training effective?</td>
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<tr>
<td>6. Is enough practice done during training?</td>
<td>☑️</td>
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</tbody>
</table>
7. Could they perform properly immediately after training? ☒ ☐ ☐
8. Are job aids available? ☒ ☐ ☐
9. Are job aids effective? ☒ ☐ ☐
10. Does performance fail to improve with experience? ☐ ☐ ☒
11. Is the task procedure stable? ☒ ☐ ☐
12. Could they do it if their lives depended on it (without further training)? ☒ ☐ ☐

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>1. Do they have the mental capacity?</td>
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<tr>
<td>2. Do they have the physical capacity?</td>
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<tr>
<td>3. Do they have the prerequisites for training?</td>
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Adopted from Langevin Learning Services

**Case Study 2.6: Mara and PCFA**

The agency implemented the Protective Capacity Family Assessment over two years ago. Mara has been with the agency for over five years and likes to do things the “old” way. She had a negative attitude about the initial PCFA training. Her Supervisor, Melissa, believed that Mara was growing as she started to see PCFA language in her documentation and she seemed to grasp the purpose of the PCFA. For a while, Melissa was not concerned about Mara’s implementation of the PCFA in her work with families.

This morning, Melissa accompanied Mara on an initial home visit for a new Initial Assessment case. Mara didn’t use the steps in PCFA. She didn’t know any information about the temporary physical custody hearing. She didn’t follow the introduction process. In fact, Mara reverted back to discussing recommended court conditions! Melissa feels like she has discussed PCFA with Mara several times. She doesn’t know how else to get the point across.

Complete the performance analysis checklist on the next page to determine the issue for Mara’s performance
# Performance Analysis Checklist

**Task:**

**Who is responsible:**

<table>
<thead>
<tr>
<th>Standards</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
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</thead>
<tbody>
<tr>
<td>1. Do they know <strong>what</strong> to do?</td>
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<tr>
<td>2. Do they know <strong>when</strong> to do it?</td>
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<tr>
<td>3. Do their supervisors agree on what and when?</td>
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<tr>
<td>4. Are there written standards?</td>
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<tr>
<td>5. Do they know how they’ll be evaluated?</td>
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<table>
<thead>
<tr>
<th>Conditions</th>
<th>Yes</th>
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<tbody>
<tr>
<td>1. Are task procedures clear and workable?</td>
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<tr>
<td>2. Is the workplace physically organized?</td>
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<tr>
<td>3. Is enough time available?</td>
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<tr>
<td>4. Are tools and equipment available?</td>
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<td>10. Do they have enough authority?</td>
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<tr>
<td>11. Can the job be done by one person?</td>
<td>☐</td>
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<tr>
<td>12. Is support available for peak periods?</td>
<td>☐</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are they informed about how they’re doing?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Is feedback given soon enough?</td>
<td>☐</td>
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<tr>
<td>3. Is feedback given often enough?</td>
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<tr>
<td>4. Is feedback understandable?</td>
<td>☐</td>
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<tr>
<td>5. Is feedback tied to “controllable” performance?</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>6. Is feedback specific?</td>
<td>☐</td>
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</tr>
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</table>
7. Is feedback accurate?  
8. Is feedback given by someone who matters?  
9. Is feedback given in a way they accept?  

<table>
<thead>
<tr>
<th>Motivation/Incentives</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the task seen to be worthwhile?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Do you believe they can perform the task?</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>3. Is there incentive for performing well?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. Do the incentives really matter to them?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. Is the incentive contingent upon good performance?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Do they know the link between incentive and performance?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>7. Are incentives scheduled to prevent discouragement?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Are all available incentives being used?</td>
<td>☐</td>
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<tr>
<td>9. Do they find the work interesting?</td>
<td>☐</td>
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<tr>
<td>10. Are there inner satisfactions for good performance?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>11. If incentives are mixed, is the balance positive?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>12. Is “punishment for good performance” prevented?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Is “reward for poor performance” prevented?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>14. Is there peer pressure for good performance?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>15. Is task unpleasantness or stress within acceptable levels?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Does poor performance draw attention?</td>
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<table>
<thead>
<tr>
<th>Measurement</th>
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</thead>
<tbody>
<tr>
<td>1. Is performance measured?</td>
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</tr>
<tr>
<td>2. Are measurements based on task performance?</td>
<td>☐</td>
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<tr>
<td>3. Are measurements based on results rather than activities?</td>
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<td>☐</td>
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<tr>
<td>4. Are task purposes measured?</td>
<td>☐</td>
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<tr>
<td>5. Are the measurements objective?</td>
<td>☐</td>
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<tr>
<td>6. Are the designers of the measurements qualified?</td>
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</table>

<table>
<thead>
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<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Did they ever perform the task properly?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Is the task performed often enough to ensure retention?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Do they know the task is expected of them?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. Is training provided?</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>5. Is the training effective?</td>
<td>☐</td>
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<tr>
<td>6. Is enough practice done during training?</td>
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<tr>
<td>7. Could they perform properly immediately after training?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Are job aids available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are job aids effective?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Does performance fail to improve with experience?</td>
<td></td>
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<tr>
<td>11. Is the task procedure stable?</td>
<td></td>
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<tr>
<td>12. Could they do it if their lives depended on it (without further training)?</td>
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### Capacity

<table>
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<tr>
<th></th>
<th>Yes</th>
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<tbody>
<tr>
<td>1. Do they have the mental capacity?</td>
<td></td>
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<tr>
<td>2. Do they have the physical capacity?</td>
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<tr>
<td>3. Do they have the prerequisites for training?</td>
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</table>

Adopted by Langevin Learning Services

---

**Self-Reflection 2.3**

Using the results from the checklist above, what should Melissa do to address Mara’s poor performance?

---

Individual Supervision

2. 25
Unfortunately, your efforts to correct poor performance though performance analysis will not always provoke staff to make the changes necessary to improve. When poor performance continues, you must intervene to change the behavior by applying progressive discipline. Progressive discipline is the application of disciplinary actions that increase in severity as the poor behavior continues.

- As suggested in earlier sections, be sure to seek out advice of your supervisor and other experienced supervisors for suggestions when dealing with situations that require disciplinary action.
- Please be sure to refer to your agency for specific policies regarding discipline.
- Don’t ever write a note or email when dealing with performance issues or progressive discipline. Talk directly with the worker.
- Don’t discuss the worker’s performance with co-workers or other team members.
- Don’t ever say anything about the worker that you wouldn’t say directly to them.

The sequence of progressive discipline is:

*Verbal Reprimand*
- Direct one on one meeting to discuss problem behavior
- It’s private and confidential
- Should be noted in the employee’s personnel record
- Sometimes, a second reprimand will be necessary

*Written Reprimand*
- A written document
- Specifically describes the problem and employee’s performance
- Lists previous verbal warning
- States desired change in behavior
Warnings and Contracts
- A written document
- Course of action to avoid termination
- Describes previous attempts to change behavior
- Employee and supervisor sign the document
- Signing indicates understanding of problem and desired outcome

Transfer
- Should be used minimally
- Not appropriate in small organizations
- Only used when change is beyond employee’s control (i.e. personality conflicts)

Termination
- Misconduct – prior warnings not necessary, if behavior is severe
- Unsatisfactory work performance - requires prior warnings

Information in this section was adopted from:

Case Study 2.7: Mara refuses PCFA

Melissa continues to have concerns about Mara and her use of the PCFA process. Mara is very punitive with her clients. When discussing her families during supervision, Mara cannot adequately articulate what safety looks like. She also continues to focus on court ordered conditions instead of the change process.

Melissa feels guilty. She likes Mara as a person and believes that she could be a good social worker. Her heart is in the right place. Still, Melissa is concerned about Mara’s clients and the consequences they will suffer from her inability to evaluate safety effectively.

Melissa does not know how to progressively discipline. She feels that evaluating PCFA skills are not as concrete and evident as someone who comes in late everyday or skips out of work.
**Self-Reflection 2.4**

Do you agree with Melissa and her concern that evaluating PCFA skills of a worker is more difficult than a worker who is late all the time? Why?

What are steps that Melissa can take to progressively discipline Mara?

Once the progressive discipline process begins, do you think it is possible for Mara to change?

Do you have concerns in your ability to deal with more harsh forms of discipline such as a written reprimand? If so, what could you do when faced with a disciplinary situation of a worker?
Team Supervision

IN THIS SECTION:

• Building a Strong Team
• Team Formation
• Motivating Your Team
• Team Meeting
• Example Agendas
Building a Strong Team

As a Supervisor, you will be managing a team of 6-8 workers. When performing your roles as a supervisor (administrative, educative, supportive), you must consider how these roles are connected to the development of your team.

Of course, it will be challenging to jump right in and effectively lead your team. If you are new to child welfare, you may not know the individual team members. Maybe you were promoted from within and know your team members very well. It’s possible your team of peers is not ready to accept you in your new role of supervisor. Remember the nervousness that you are feeling as a new Supervisor is likely comparable to what your team members are feeling.

As a Team Supervisor your responsibilities include:
- Bringing the team together
- Strengthening the team’s cohesion on an ongoing basis
- Facilitating positive and healthy team interaction
- Encouraging ongoing team development
- Having fun!

Getting to know your team will be a process that takes time. Here are some suggestions for getting started:

- If possible, talk to the previous Supervisor.
- If the previous Supervisor is not available, find out if the program manager or other supervisor’s are willing to talk with you.
- Talk to the team. Find out what they think about their communication and cohesiveness.

**Know how your team came to be**

It is very likely that prior to their first day on the job, they were placed on a team chosen by administration. The individual and group behavior can be very different depending on how they became members of the team.

Consider the following examples of voluntary teams:
- A recreation baseball league
A workgroup that people signed up for
The Parent-Teacher Association
The National Association of Social Workers

Now shift gears and think about a basketball team and a golf team. The basketball team relies on one another to achieve a goal which is more baskets scored than the other team. The golfers focus on individual performance and add the scores.

**Self-Reflection 3.1**

How could behavior of team members be different if they voluntarily joined a team compared to when they are placed on a team? Do you think a team of child welfare workers would function more as a basketball team or a golf team? Explain your answer.
As a supervisor, you should have a clear understanding of team formation. Team formation has four different stages: Forming, Storming, Norming, and Performing. The formation stage your team is functioning in will require you to respond in different ways as members will behave differently at each stage.

Tuckman’s Team Development Wheel

- **Stage One**: Forming
  - “Testing”
- **Stage Two**: Storming
  - “Infighting”
- **Stage Three**: Norming
  - “Getting Organized”
- **Stage Four**: Performing
  - “Mature Closeness”

Stage 1 (Forming)
- Initial beginning for team
- Usually lasts about 1-3 months
- Team will return to formation, whenever a new person joins the team.
- Team members are polite to one another
- Limited trust

Stage 2 (Storming)
- Can last 3-5 months to forever
- Differences emerge
- Cliques form
- Usefulness of certain team members is questioned

Stage 3 (Norming)
- Members have decided to commit to the team
- Are not welcoming to outsiders
- Can be short-lived
- Can lead to “them” vs. “us”

Stage 4 (Performing)
- Benefits of teaming have emerged
- Team focuses on achieving goals
- Informal experts emerge
- Members rely on one another

How team development applies to you:

- When you join the team as a new supervisor, the team will revert to forming.
- It is normal for spikes in conflict when a new supervisor takes over the team.
- People will test you. You may hear a lot of “that is not how we used to do it”.
- Transitioning from peer to supervisor can affect team conflict, particularly if you were a member of the team before.
- Many teams never get past storming due to a breakdown in team functioning.
Suggestions to aide in formation and cohesion:

- Develop specialization in individuals. If Suzy previously worked at W2 and has a good knowledge base of W2 service, have her be the “go to” person for the team if they have W2 questions.
- Get the team’s view on group supervision. Explain to them that team development is important and learning together fosters their cohesion.
- Develop a team credo. Remember the management credo? Well, it works well for the team too! The team needs goals and reasons to achieve those goals together.
- Encourage open communication within the team. If Julio is having a problem with Darlene, try to have them work it out before you get it involved.
- Again have fun!

Information in this section was adapted from:

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**Case Study 3.1: New Supervisor, Old Team**

James recently took over for Erin. Erin’s team has been together for three years with limited worker turn over. The team was very successful in identifying safety and reunifying families. The team had a strong bond and members rely on one another for assistance and support. She is on maternity leave; however, when she returns she will be assigned to a different team. She is an experienced Supervisor and due to ongoing issues on another team, the Program Manager believes that when Erin returns she will be placed with the other team.

James was just promoted to the Supervisor Position. He feels badly that Erin will be unable to supervise her team and is aware that the team has bad feelings about the agency’s decisions. Unfortunately, the team isn’t as understanding of James. He used to sit one cubicle row over from them and they think he’s loud and obnoxious. The team isn’t so sure that he is capable of supervising them.
Self-Reflection 3.2

What stage of development is Jim’s team in? What team dynamics can Jim expect from his team? How should he respond?

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As a Supervisor you will need to be a good motivator. That is not to say that motivating your team won’t be challenging at times. Motivating teams requires knowledge of human behavior and that which we need to get going. Motivation is not a constant. At times, you may need to evaluate what your team is doing and revise the goals or purpose. The following are factors that are necessary for motivating any team. They are a clear purpose, challenge, camaraderie, growth, and a great leader.

Let’s start with great leader as that may seem a bit intimidating. What we mean by great leader is a Supervisor who can:

- Help others see the best in themselves
- Fosters independence
- Ensure the working environment is conducive to the other factors necessary for motivation.

**Purpose**

- Every team needs a purpose. Without it, team motivation is guaranteed to be low.
- The purpose or mission must align with personal wants and needs of the individuals
- Establish a team mission or a team credo. Use the template suggested earlier in this guidebook to help your team. Do not write the mission yourself. Instead meet with the team and write the mission together.
- When writing the team mission, be sure to factor in the Systems Model. Do not use task specific examples for the mission, such as “timely documents”. The mission should express why the team is in child welfare.

**Challenge**

- People need to be challenged. If work is too easy, the team will surely get bored. If you create work that is too difficult and impossible to do, the team will feel ambivalent and give up.
- Consider periodically presenting the challenges. You could do the challenges every quarter. For example, January, February, and March could be focused on each team member practicing their
interviewing skill with clients. Another challenge could be reducing the number of child moves through conflict resolutions in current foster homes and more time and effort placed on placing a child in a certain foster home.

**Camaraderie**
- Effective teams rate high on interpersonal relationships and are highly competent in their jobs. Message: Don’t focus only on work related issues. Work relationships are important.
- Dislike for one another often results from a lack of understanding. Encourage your team to be self-reflective. If they don’t like someone, why?
- Frequently praise your staff and encourage them to offer praise to one another. Consider having a “compliment corner” at the team meetings where members can offer compliments to each other.
- Team retreats are opportune times to get to know one another better. Do a fun activity and relax.
- If your agency allows it, consider having a team meeting or a team lunch off-site. Maybe you could meet at a local coffee shop. Sometimes a change in location puts people at ease.

**Responsibility**
- When people have more responsibility, they can take ownership of a project.
- Give your team responsibility that includes authority. Micro-managing often oppresses a sense of authority.
- Be sure that the consequences are not too great, if failure occurs. This could create the reverse effect of your intentions to motivate.

**Growth**
- People need to feel that they are learning and are moving forward.
- Ask members what they would like from their team.
- Keep your eyes and ears open to determine possible learning experiences. Perhaps your team is struggling with clients who have bi-polar disorder. Consider asking a mental health profession to come in and talk about working with bi-polar clients.

Information is this section was adapted from:
Team Meetings

Team meetings are meetings that you will hold on a regular basis with your entire team. Team Meetings are a quick and simple way to relay information to all of your staff in one sitting. It will be important for you to be clear that team meetings are mandatory. In a team meeting, you will once again have different opportunities to perform in the three roles: Administrative, supportive, and educative.

Why are team meetings important?

- New agency policies and procedures are explained to staff.
- Safety standards can be reviewed.
- Other information from administration can be relayed to staff.
- Team performance, positive or negative, can be addressed. Addressing these issues with the group allows for consistency and prevents you from repeating yourself.
- Team meetings provide a great opportunity for group supervision (see below).
- Group education and/or professional development can be provided. Examples are discussing stress relief or PHD Programs in Social Work.
- Difficult issues, concerns, or ideas can be shared and discussed among team members.
- They aide in team cohesion.

Be consistent with Team Meetings

- These meetings occur weekly to bi-weekly depending on the needs of your team and the events and needs of the agency.
- It is best to schedule the same day and same time.

Group Supervision:
Group supervision is a great opportunity for staff development. Group supervision can occur during a team meeting. Group supervision is similar to individual supervision, except you will be reviewing a case with your entire
The team will also be providing support and offering ideas to one another.

**Group Supervision is beneficial because…**

- It’s a great way to see if your staff is putting PCFA to practice!
- Team members can learn from case specific examples and bounce ideas off of one another.
- Your thought process is modeled before the entire team.
- Workers can problem solve together.
- It is a learning experience for staff and allows for professional development.
- It aides in team cohesion.
- Each team member’s self-efficacy improves as they are able to help one another out.
- The team can practice their eco-mapping and genogram skills.

**How to get started:**

- Have a staff member present a difficult case that the group can hash out together.
- Don’t make it an “assignment” that one person has to present at every meeting. Instead when an issue arises in individual supervision, suggest that person bring the case to the team meeting.

**Once a case is chosen:**

- Have the worker draw an eco-map or genogram on a dry-erase board or chart paper so it will be large enough for everyone to see.
- Allow for them to explain the case, the safety factors affecting the case, and the current problems that the worker needs assistance with.
- Allow for team members to ask questions to familiarize them with the case.
- Give the team time to respond to the worker’s presentation of the family and offer ideas.
Case Study 3.3:

Darnell has been a supervisor for two months. He read the Supervisor Guide Book and thought he would get off to a good start by following the tips on motivation. Darnell and his team wrote a team credo and they meet regularly for group supervision.

Darnell feels that his team is lacking motivation. They complain about group supervision and always seemed sluggish during team meetings. He is not sure what to do. He thought by doing what the binder suggested, his team would be motivated and energized.

Self-Reflection 3.3

If you were Darnell, what would you do to motivate your team?

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TEAM MEETING AGENDA
March 21, 2009
9 a.m.

1. Check –in

2. Compliments – great job on assisting one another with
court coverage!

3. Overdue documents


5. PCFA – Review the four stages

6. Group supervision – Jenny will present the Smith case.

7. Group learning/professional development – Shelly teaches
   Yoga. She will do a demo class and talk about Yoga
   practice and stress reduction.

8. Questions? Concerns?

Next Team Meeting:
April 5, 2009
9 a.m.
Room C

SAMPLE
Matt’s Supervisory Team Meeting

AGENDA

Date: 3/10/09
Time: 11:00 - 1:00 pm
Place of Meeting: Conference Room A

- Check-in Time
- Compliment corner, positive story of the week.
- Administrative Updates
  - Perm. Plan due dates
  - Overpayment justification report
  - TPS Reports
- PCFA Implementation Check-in
  - Experiences with district attorneys
  - Is discovery happening?
- Goal Writing Examples
  - Mary’s examples from the S. family
  - Expectations for new case plans
- Adjournment
## AGENDA

### Team Meeting

**Friday, November 12, 2008**  
9:00 - 10:30

**Attendees: Full Team Attendance Mandatory**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topics</th>
<th>Lead</th>
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<tbody>
<tr>
<td>9:00 a.m. - 9:10 a.m.</td>
<td><strong>Check In Time</strong></td>
<td>Matthew Gebhardt</td>
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<tr>
<td></td>
<td>Treats! - Successful Story Time!</td>
<td>Matt</td>
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<th>9:10 - 9:45 a.m.</th>
<th><strong>Administrative Issues</strong></th>
<th>Matt</th>
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<td>Overpayment worksheet Due</td>
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<td>Late Case Progress Evals</td>
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<td>Reschedule Next weeks meeting.</td>
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<th><strong>Best Practice Topics</strong></th>
<th>Matt with Johanna’s case example</th>
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<tr>
<td></td>
<td>Facilitative Objectives in the Preparation Stage of PCFA</td>
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<tr>
<td></td>
<td>Case Example, Mary Smith</td>
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| 10:25 - 10:30 | **Wrap-up and Close** | |

**Inspirational Quote of the Month:**

“All changes, even the most longed for, have their melancholy, for what we leave behind us is a part of ourselves; we must die to one life before we can enter into another.” - Anatole France

**SAMPLE**
TEAM MEETING

February 4, 2009
8:30 - 10:00
Conference Room

Meeting called by: Marcus Garvey, IA Supervisor
Type of meeting: Weekly Team Supervision

Facilitator: n/a
Note taker: n/a
Timekeeper: n/a
Attendees: Team

Please read: IA information collection protocol
Please bring: IA information collection protocol

AGENDA ITEMS

<table>
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<tr>
<th>Topic</th>
<th>Presenter</th>
<th>Time allotted</th>
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<tbody>
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<td>15 minutes</td>
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<tr>
<td>✓ Administrative Topics</td>
<td>Marcus</td>
<td>45 minutes</td>
</tr>
<tr>
<td>✓ CPC visits – Tracking and Scheduling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ WISACWIS changes coming</td>
<td></td>
<td></td>
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<tr>
<td>✓ Coverage supervisors during leave of absence</td>
<td></td>
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<tr>
<td>✓ CAP Corner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Information collection standard: Child Functioning</td>
<td>Jenny</td>
<td>20 minutes</td>
</tr>
<tr>
<td>✓ Safety Threshold in Neglect Cases: Examples</td>
<td>Donna</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>

OTHER INFORMATION

Observers:
Resources:
Special notes: Pat will be facilitating next Thursdays meeting.

SAMPLE
Supervising The Comprehensive Assessment Process (CAP)

IN THIS SECTION:

• Supervising the CAP Overview
• Supervising Access Assessment
• Supervising Initial Assessment
• Supervising the Protective Capacity Family Assessment (PCFA)
• Supervising the Case Progress Evaluation (CPE)
The Comprehensive Assessment Process (CAP) is the model used by the Bureau of Milwaukee Child Welfare for safety intervention, assessment, and planning. The CAP is a family centered approach that reinforces a belief and practice principle that caregivers are the authority figures in their family and as such they are the center of intervention. Support of a caregivers’ right to self determination is a central practice tenant and the key to the concept for change. The CAP model and safety intervention information in the Supervising the CAP section was adopted from Action for Child Protection, Inc.

The Comprehensive Assessment Process represents a systematic continuum of assessment and intervention decision-making. CAP occurs throughout the life of a case and consists of four assessments:

1. Access Assessment
2. Initial Assessment
3. Protective Capacity Family Assessment

How do I supervise the CAP?
If you are unsure about how to supervise CAP, that’s okay! You will get training and experience along the way. Your role in supervising the CAP includes:

- Developing expert understanding of safety intervention. If you can’t define present danger, how can you effectively supervise safety intervention?
- A good knowledge of what constitutes an effective safety assessment and a sufficient safety plan.
- You will be accountable for the competence and effective safety intervention of your workers.
- Constantly communicating about the CAP with your team and your supervisor.
- Self-reflecting with your supervisor.
- Being mindful that you are not conducting safety intervention with families, your workers are. It is your job to facilitate their ability and confidence to provide effective safety intervention through the CAP.

Your approach will impact the development of your workers’ competence and their ability to effect quality safety intervention. Of course, people are different and approach will vary. There are four areas that we ask you to consider about yourself: access, style, criteria-minded, and interpersonal interaction.

*Are you accessible?*

- Be available to your staff. This is another reason to hold Individual Supervision meetings weekly.
- Allow your workers to “hash” out cases with you.
- Be a “sounding board”.
- Keep track of safety issues in cases. Ask your workers to articulate the safety issues and what needs to change?
- Supervision must occur regularly.

*What’s your style?*

- Don’t be quick to give advice or the solutions. Let your workers process situations.
- Listen; listen some more.
- Pose different scenarios for the worker. Take time to evaluate all possibilities and potential outcomes.
Ask questions. If you don’t know something necessary about a family, how can you help to facilitate effective intervention?

- Understand the worker’s perceptions and the basis.
- Encourage workers to be self-reflective and to address their own personal biases. If a client is a prostitute while her kids are at daycare (no safety concerns) and worker Manuel has issues with her profession, talk it out and help him understand that our biases do not equal safety concerns.
- Test your workers’ confidence with the Safety Assessment and the Safety Intervention Analysis.

**Be Criteria Minded**

- Assure that your workers are always applying the safety threshold when considering safety intervention and are evaluating family information.
- Develop workers confidence with safety assessment and safety analysis. Workers should understand and be able to explain the criteria required for each document.
- Focus supervision time on developing worker’s competence through developing knowledge and skill and understanding values.

**Interpersonal Interaction**

- Do not be authoritarian in your approach.
- Allow for and encourage risk taking in conversations, discussions and exchange.
- Use reflective listening skills.
- Ask the worker questions to facilitate further thinking.
- Liberally seek to clarify.
- Explain.
- Check out understanding and perception (e.g., How do things look from the worker’s point of view?).
- Brainstorm options and alternatives.
- Be prepared to be spontaneous in providing expert teaching; seize the moment.

Information in this section was adapted from:
BMCW Comprehensive Assessment Process To Support An Integrated CPS System

ASSESS

SCREENING DECISION

ASSESS FOR PRESENT DANGER AND IMPENDING DANGER

DETERMINE RESPONSE TIME

INITIAL CONTACT: PRESENT DANGER?

PRESENT DANGER

NO

CHILDREN ARE SAFE

NO SERVICE

NO

CHILD IS SAFE

ASSIST CASE CLOSED

ASSIST COMMUNITY

YES

ASSESS FOR IMPENDING DANGER

COLLECT INFORMATION ON 7 INITIAL ASSESSMENT QUESTIONS

COMPLETE SAFETY ASSESSMENT AT CONCLUSION OF INITIAL ASSESSMENT

IMPELLING DANGER

NO

YES

ASSESS CHILD VULNERABILITY FOR ALL CHILDREN IN HOME

ASSESS CAREGIVER PROTECTIVE CAPACITY: CAN AND WILL PROTECT.

YES

NO

NO

YES

NO

ASSIST FOR INITIAL ASSESSMENT

REFERRAL TO COMMUNITY

DEVELOP SHORT TERM PROTECTIVE PLAN

YES

NO
USE SAFETY ANALYSIS FOR DEVELOPING SAFETY PLANS. JUSTIFY WHY AGENCY IS NOT IMPLEMENTING IN-HOME PLAN. DETERMINE APPROPRIATE LEVEL OF INTRUSIVENESS

IMPLEMENT AN IN-HOME SAFETY PLAN

TRANSFER TO SAFETY SERVICES

SAFETY SERVICES AND ONGOING ASSUME SAFETY MANAGEMENT RESPONSIBILITIES UPON TRANSFER

TRANSFER TO ONGOING CPS

IMPLEMENT OR CONTINUE WITH AN OUT-OF-HOME SAFETY PLAN

PROTECTIVE CAPACITY FAMILY ASSESSMENT

DETERMINE WHAT MUST CHANGE: ENHANCEMENT OF DIMINISHED CAREGIVER PROTECTIVE CAPACITIES

IMPLEMENT CASE PLAN

PCFA CASE PLAN SERVICE PROVISION AND ONGOING SAFETY MANAGEMENT

CASE PROGRESS EVALUATION

PROGRESS IN ACHIEVING CASE PLAN GOAL: ENHANCED PROTECTIVE CAREGIVER CAPACITIES

CASE CLOSED: SAFE AND PERMANENT HOME

CASE CONTINUED

Evaluate Continued Appropriateness and/or Sufficiency of the Safety Plan

CHILD IS UNSAFE AND DECISION TO SERVE

Created by Action for Child Protection, Inc.

Supervising the Comprehensive Assessment Process

4. 5
Case Study 4.1: Janet’s Supervision of CAP

Janet is a licensing supervisor. She was a licensing worker for three years, but she is new to supervision. She didn’t use CAP as licensing worker, although she heard about it. Janet’s supervisor has sent her to several trainings that reflect the CAP process. She doesn’t dislike or disagree with the CAP; however, she doesn’t understand how CAP applies to her job. She works with foster children and foster families, not the biological families.

Self-Reflection 4.1

Why do you think the Comprehensive Assessment Process is applicable to all areas of child welfare?
Intake Assessment is the first assessment within the Comprehensive Assessment Process. Access is the name of the Bureau of Milwaukee Child Welfare’s intake process. Reports are called in to 220-SAFE concerning alleged child maltreatment. Access workers screen the calls to determine if further BMCW action is needed. Most importantly, Access drives who the Bureau of Milwaukee Child Welfare “seeks to serve.”

“Who do we seek to serve?”

Access Supervisors need to ensure the following:

- Access workers are providing a customer service approach with a high degree of responsiveness to the reporter.
- Access workers understand that referrals are made in good faith and demonstrate concern in the community.
- Access is committed to the fidelity of the Comprehensive Assessment Process.
Access workers: Are they staying true to the CAP?
Below are indicators that an access supervisor should look for:

1. **Immediate interpersonal engagement**
   Access workers must have a customer service approach AND be responsive. This means:
   - Respect for the reporter
   - Courtesy
   - Interest in all aspects of the reporter’s account and concerns
   - Information that enlightens the reporter and facilitates his or her ability to state and explain his concerns
   - Empathy for feelings and circumstances the reporter may be feeling
   - Support to the reporter for the expression of his responsibilities and concerns
   - Assistance to the reporter which encourages elaboration and clarification

2. **Consistently using information collection protocol**
   - Stage 1: Introduction
   - Stage 2: Exploration information collection
   - Stage 3: Closing the Interview

3. **Information collection standard**
   Workers must gather information around these six areas to effectively screen for safety:
   - Maltreatment
   - Surrounding circumstances
   - Child functioning
   - Parenting discipline
   - General parenting
   - Adult functioning

4. **Clear agency records, history with agency**

5. **Application of criteria for decision making: maltreatment; present danger; impending danger**
   - Screening
   - Urgency decision
6. **Access staff adheres to documentation requirements**

   IA documentation is thorough and clearly describes the six areas of information collection.

7. **Supervisory review, approval and decision for assignment**
   - Access worker consults with the supervisor as necessary
   - Access worker recommends to Supervisor screening and response decisions
   - Access decisions require Supervisor approval
   - IA documentation is approved by Supervisor
   - Supervisor is responsible for the timely assignment of the Family Functioning Assessment

8. **Documentation requirement**

   Documentation should clearly reflect why the safety decision was made.

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**Case Study 4.2: Thomas**

Todd is a new Access Supervisor. Todd took the Intro to Access Training about two months ago. The training spent quite a bit of time on the Comprehensive Assessment Process. He was impressed by the training and believes wholeheartedly in the “customer service” approach Access workers are supposed to have with the community.

Todd has been having problems with one of his workers, Thomas. Thomas has been an Access worker for almost 10 years. He is very abrupt on the phone. His motto was “if you don’t have all the information I need, don’t bother calling.” Thomas was tired of endless calls from family members about messy houses or calls from angry parents who had split from one another and seemingly want to get the other in trouble.

Todd has observed Thomas’ behavior on the phone. When Todd confronted him, Thomas dismissed Todd’s concerns due to his limited time in child welfare. Thomas didn’t take Todd seriously. Todd is concerned about the ramifications of Thomas’ approach on the phone.
Self-Reflection 4.2

What should Todd do to address Thomas’ behavior?
What are the ramifications of Thomas’ approach on the phone?
What suggestions or coaching could Todd offer Thomas?
Initial Assessment is the second assessment in the Comprehensive Assessment Process. Initial Assessment Social Workers (IASW) gathers sufficient information about the family; caregiver and child functioning. The worker and their supervisor use this information to determine if a child is unsafe and in need of protection; and if caregivers are in need of continued involvement. Initial Assessment, like Access, drives who the Bureau of Milwaukee Child Welfare “seeks to serve.”

Initial Assessment Supervisors are the broad experts in the Comprehensive Assessment Process. They oversee their workers conducting the following activities:

- Managing present danger
- Gathering information for decision making
- Confirming maltreatment
- Identifying impending danger
- Evaluating caregiver protective capacities
- Managing impending danger
- Performing reasonable efforts
- Evaluating safety in out of home placement
- Determining who the BMCW seeks to serve
- Justifying decision making
Initial Assessment (IA) Supervisors need to ensure that workers:
- Use an Initial Assessment approach, not an intervention approach.
- Understand that child maltreatment is not the family problem, but a symptom of a family problem.
- Know that the family is the client. This doesn’t eliminate the importance of child safety; however, the parents/caregivers are the gatekeepers to the family functioning. The parents are “who we do business with.”
- Understand that a decision CANNOT be made without sufficient information.
- Can define safety. (See the Safety Article in Appendix B)
- Are familiar with the WI Safety Intervention Standards (Refer to Appendix C).

**Initial Assessment vs. Intervention**

*Initial Assessment is concerned with:*
- Effectiveness related to evaluating safety
- Information collection focused on family functioning
- Caregiver protectiveness – child needs orientation
- Maltreatment as symptomatic of a problem
- Concerned with factual information
- Understanding impending danger and caregiver protectiveness

*Intervention is concerned with:*
- Effectiveness related to determining guilt
- Information collection is focused on incident
- Perpetrator – victim orientation
- Maltreatment as problem
- Concerned with evidence
- Proving maltreatment

Initial Assessment Social Workers answer the following questions through information collection around family functioning:

1. *Maltreatment:* What is the extent of the maltreatment?
2. *Nature:* What surrounding circumstances accompany the maltreatment?
3. **Child Functioning**: How does the child function on a daily basis? Includes pervasive behavior, feelings, intellect, physical capacity and temperament.

4. **Parenting/Discipline**: What are the disciplinary approaches used by the parent, including the typical context?

5. **Parent/General**: What are the overall, typical, pervasive parenting practices used by the parent?

6. **Adult General Functioning**: How does the adult function in respect to daily life management and general adaptation?

During information collection, supervisors should assure that the information workers are collecting sufficient information that:

- Describes the category in full and acceptable ways so that a picture of what has or is happening can be understood.
- Is relevant to the category only.
- Is pertinent to gaining/possessing a full/reasonable understanding of the category.
- Is essential to understanding the category in order to draw conclusions about the category.
- Is adequate enough to have confidence about conclusions one can reach in the category.
- Covers the principle or core issue associated with the category.

Information in this section adapted from:
Case Study 4.3: Information Collection
You are a new supervisor in Initial Assessment. Your worker, Pat, is struggling to make a decision on the following case:

A single mother hit her 7-year old at a local grocery store. The hit was open-handed and the child had red marks on his face. There have been two other referrals to the BMCW alleging physical abuse. Those referrals were screened out. The 7-year old child is autistic. He appears to be well dressed and clean. He attends school regularly. There is a two-year old child in the home. The two-year old is healthy and there are no developmental concerns. The 7-year old is very clingy to his mother and the worker did not see him leave her side during the interview. This “clinginess” appears to stress the mother out. She was agitated and kept pushing him away.
Self-Reflection 4.3

As an IA supervisor, what other information would you ask your worker to collect to make a decision?
Here’s some detailed info about the fidelity criteria for CAP:
ACTION for Child Protection, Inc. defines fidelity as “standardized practice and decision making that is performed and occurs in the field as originally designed and intended.”

### Initial Assessment

Consistent process for case assignment  
Compliance with response time  
Engage caregivers and families in assessment process  
Evaluate present danger  
Expedite IA based on present danger  
Reasonable efforts for prevention of placement

Implementation of present danger plan as indicated
- Documentation of present danger and protection plan  
- Evaluation of placement/protective plan within 24 hours  
- Supervisor consultation and approval  
- Weekly oversight of protective plan

Implement IA practice protocol
- Confidentiality reporter  
- Safeguarding client rights  
- Implement IA practice protocol  
- Introduction of DHR and report  
- Information Collection Standard  
- Conduct necessary interviews (information collection)

Documentation and analysis of IA information collection  
Apply criteria to decision making  
Verify allegations of maltreatment
Supervising the Protective Capacity Family Assessment

The Protective Capacity Family Assessment (PCFA) determines what must change in a family situation to assure for child safety. The PCFA is practiced by Safety Service Case Managers and Ongoing Case Managers in the Bureau of Milwaukee Child Welfare.

PCFA…

• Is a collaborative process between the Bureau of Milwaukee Child Welfare and caregivers.
• Focuses on enhancing caregiver protective capacity associated with impending danger.
• Consists of four intervention stages: preparation, introduction, discovery; and change strategy and case planning stage.
• Involves four roles that workers’ must step into. They are: Guide, Educator, Evaluator, and Broker.

As the supervisor of the PCFA, you will have the role of developing your workers’ PCFA skills and ensuring their commitment to the basic principles of PCFA.

Some helpful hints to getting started in your supervision of the PCFA:

• Accompany each of your workers to home a visit to observe their PCFA skills at different intervention stages.
• Give lots and lots of feedback. Learning PCFA and practicing it well take time. It’s likely your workers’ are nervous about PCFA, but you can’t allow them to avoid it altogether.
• Test your teams’ knowledge with PCFA.
• Enhance their PCFA skills. Schedule group supervision where team members role play different intervention stages.
• Practice goal writing in case plans. If this is an area you struggle with, call the MCWPPD and schedule a goal writing session.
• Be mindful of PCFA’s presence in all aspects of your work. It should be an integral part of individual supervisions and the driving force in case planning.
Self-Reflection 4.4

What are your thoughts on the PCFA process? Do you have fears or apprehensions about supervising PCFA or any of the stages? If so, what are some steps you can take to become more confident in your ability to supervise the PCFA?
Here’s some detailed info about the fidelity criteria for CAP:
ACTION for Child Protection, Inc. defines fidelity as “standardized practice and decision making that is performed and occurs in the field as originally designed and intended.”

### Ongoing/Safety Services: Protective Capacity Family Assessment

Supervisors must review and assign case  
Preparation: Review IA documentation and decision-making  
Supervisory consultation oversight of Preparation stage  
Case transfer staffing  
Safety management responsibilities at Preparation stage  
- Verify sufficiency of safety plan – documentation of safety management activities

Apply family centered-PCFA intervention approaches and facilitative techniques

Completion of PCFA Introduction facilitative objectives  
- Reason for CPS Involvement  
- Supervisory Consultation

Completion of PCFA Discovery facilitative objectives  
- Determine what must change related to caregiver protective capacities  
- Identification of goals for case planning  
- Supervisory consultation

Assessment of children; identification of child needs; plan for meeting child needs

PCFA change strategy and Case Plan development  
- Establishing goals  
- Selecting case plan services  
- Evaluating motivational readiness
### Ongoing/Safety Services: Protective Capacity Family Assessment continued…

Documenting the Case Plan  
Completion of PCFA decision-making requirements  
Supervisor consultation verify level of effort to adequately complete the PCFA process (within designated PCFA timeframes) – evidence of achievement of PCFA facilitative objectives  
Ongoing safety management  
Supervisor consultation and approval of ongoing safety management  
Supervisor approval of placement every 90 days  

Adherence to PCFA timeframes

### Implementation of the Case Plan

Monthly contact for Case Plan Service Provision:  
Contacts with family;  
Contacts with service providers  
Requirements for what occurs during months contacts-purpose and objectives  
- Consider progress  
- Consider barriers  
- Consider motivation and readiness  
- Manage, clarify or adjust goals and services  
- Consider existing protective capacities to support change  
- Consider of relationship; caregiver-worker; provider;  
- Judgments about effectiveness of case plans  
- Needs of children  
- Caregiver involvement in addressing needs of children  
- Consideration of conditions for return  
- Client satisfaction  
- Compliance and participation in case plans  
- Visitation; nature; quality; quantity; barriers  

Documentation of case management activities and process – caregiver/service provide contact  
Supervisor consultation and review adhering to best practice standards
The Case Progress Evaluation (CPE) is completed 90-days after the Case Plan and every 90-days thereafter. It is not just a document that gets signed, approved, and filed away. The Case Progress Evaluation’s purpose is to measure the family’s progress toward establishing a safe environment through the enhancement of caregiver protective capacities.

**Ensure that your workers are competent in the following:**

- Workers should be regularly discussing Protective Capacities with the family, court, and providers.
- The parents/caregivers should know and be able to describe what must change.
- If a parent is a “stuck”, the worker should be able to have an honest conversation with them. Is it a provider? Does the parent not completely understand why they need to enhance a certain capacity?
- Workers should never write anything in a case plan or case progress evaluation that they haven’t discussed with their clients.

**Supervising the Case Progress Evaluation:**

- When you review the CPEs, assure that each family has a unique, individualized plan and evaluation.
- If you notice that a family’s CPE looks similar to the last one, find out why. Did your worker use the cut and paste option? Is the family not making any progress?
- Ask the worker to justify their documentation on a regular basis.
Here’s some detailed info about the fidelity criteria for CAP:
ACTION for Child Protection, Inc. defines fidelity as “standardized practice and decision making that is performed and occurs in the field as originally designed and intended.”

### Case Progress Evaluation

Completed every 90 days  
Contact requirements for caregivers/children and providers  
Determine need for service team meeting to inform review  
Collect reports and conclusion from service providers; focus and content/objectives:

- Status of impending danger  
- Measure progress related to caregiver protective capacities  
- Indicators of behavioral change  
- Status of conditions of return  
- Safety analysis- safety plan sufficiency-reasonable efforts  
- Acceptable levels of contact with caregivers and safety service provider  
- Case plan compliance and participation  
- Caregiver motivation and readiness for change  
- Caregiver satisfaction  
- Progress toward meeting identified child’s needs  
- Involvement of caregiver in meeting child's needs  
- Evaluation of visitation plan and implementation  
- Review revision of case plan  
- Child permanence

Case plan review documentation  
Supervisor consultation and approval  
Application of criteria for case closure: safe home  
Establishing family supports of case closure
Staff Development

IN THIS SECTION:

• Staff Development
• Learning Theory & Style
• Milwaukee Child Welfare Partnership for Professional Development (MCWPPD)
As a supervisor, you play an important role in the education of your staff. Not only does staff learn from your supervision, but they benefit from your ability to help them apply their training experiences to the job. Education and ongoing development are necessary for staff to perform well on the job and to develop professionally. It should be no surprise to you that staff will feel more positively about their job as they learn and become more knowledgeable about their position.

The Supervisor’s role in teaching and staff development includes:

- The Transfer of Learning
- Completing Professional Development Plans with your workers
- Training Development Tracker

**Transfer of Learning**

The *Transfer of Learning* is a process that maximizes the transfer of knowledge and skills that occurs before, during, and after learning occurs. Supervisors, workers, co-workers, and trainers are all a part of this process. Please refer to Appendix F for the Transfer of Learning Principles.

The following is a list of tasks you might consider performing to maximize your worker’s learning experience:

- Prior to each training event, sit down together and review the learning objectives.
- Understand the performance need (have you completed the performance analysis prior to sending the worker to training?)
- Be supportive and encouraging to your workers throughout their learning process.
- Give feedback.
- Go to a training event with your workers. You don’t have to go to every training event; however, take the opportunity to attend a training that a majority of your workers are going to.
- Allow your workers to practice what they have learned.
- Review the Professional Development Plan (PDP) and put their learning to action.
The Professional Development Plan

The Professional Development Plan (PDP) is a tool and process aimed at creating better linkage between concepts and skills learned in training and their use on the job. The PDP was developed by the Training and Staff Development subcommittee of the Workforce Recruitment and Retention Steering Committee and is directly responsive to concerns raised by staff regarding the need to strengthen the applicability of training content to job performance. Please refer to Appendix F for the Professional Development Plan document.

The PDP recognizes the key role supervisors play in helping staff integrate the knowledge acquired and apply the newly-learned skills to the job.

The PDP is a 3-part form that accounts for multiple players in the transfer-of-learning process, i.e. UWM Training Partnership, Ongoing Case Manager, and their Supervisor. The PDP process is intended to be used as follows:

1. Supervisor reviews course objectives with case manager prior to training.
2. Trainers will devote time in each course to explain the PDP tool/process, and how the form should be completed.
3. Case managers will complete the form in training with regard to which course objectives they would like to focus on.
4. Trainers will obtain one copy of the PDP form and instruct case managers to give one copy to their supervisor and keep one copy for themselves.
5. Supervisor and case manager will review the stated goals on the PDP form and application to specific cases.
6. Supervisor and case manager both sign the form.
7. Supervisors will then review the case manager’s progress on goals during regular supervision sessions.

The Professional Development Plan section was written by Denise Wolodko of the MCWPPD.
The Training Development Tracker (TDT)

The *Training Development Tracker* is a tracking form that allows supervisors and workers to review required trainings and maintain a list of each training event that is attended. The required trainings are listed under Pre-Service, Foundation or Tier One, Tier Two, and Continuing Education classes. The Tracker also includes a goal section with activities that supervisors and staff can create together.

There is a Training Development Tracker for the following areas in child welfare:

- Intake (Access) and Initial Assessment
- Safety Services
- Ongoing Case Management
- Adoption and Out-of-Home Care

Please refer to Appendix F for a copy of the above listed Training Development Trackers. Additional TDTs can be found at: http://www4.uwm.edu/mcwppd/

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**Case Study 5.1: Supervisor Leon**

Supervisor Leon has been faithfully using the Professional Development Plans with his team. His team does not like to do the PDPs. They mumble and groan when he schedules meetings to review the learning objectives of an upcoming training. The team complains about the PDPs in team meetings and to other staff. He knows that several other supervisors around the agency do not do PDPs with their staff and he is reminded of this by his own staff on a regular basis.

Leon believes that the PDPs are very valuable; however, he feels that his team is not benefiting from the PDP because of their attitude. Leon believes that if his team could see the value of the PDP process, they would understand and appreciate why they are doing them.
Self-Reflection 5.1

Do you have any suggestions to help Leon’s team see the value of the PDP?
What do you think will be the benefits of reviewing the PDP prior to and after training with your staff?
Adult Learning: Pedagogy vs. Andragogy

Consider the many different ways you have learned. Did you prefer the two-hour lectures or the hands on experiences? Did you learn and better retain information when it related to something in your life?

*Pedagogy* is a method of teaching in which the teacher transmits knowledge the student. A lecture is an example of a pedagogical method of learning.

*Andragogy* is an adult learning theory developed by Malcolm Knowles. Andragogy offers four assumptions about adult learning:

- Adults are self-directed in their learning
- Adults learn more effectively through experiential learning
- Learning should be relevant to “life experiences”
- Adults need to be able to apply their learning immediately

Applying learning theory to Supervision:

- Since you are working with adults, we suggest that you approach teaching moments using the assumptions of Knowles’ theory.
- When your workers don’t know how to do something, teach them and have them immediately apply their newfound knowledge.
- Be mindful that worker’s may receive training and still not understand something until they are able to apply it to their work.
- When teaching your workers, relate what you are teaching to their work or their life.
- For example, if you are teaching social workers the theory of relativity, expect that they will not retain the information you just presented.
**Learning Styles**

As a Supervisor, you will come to understand the different learning preferences of your workers and at times, you will need to adapt your teaching style accordingly. In future Supervisory training, you will have the opportunity to review learning styles in great detail. We will briefly discuss learning styles to give you a general understanding that people learn differently.

- People have different learning preferences. For example, some prefer a more “hands-on” approach while others prefer to read directions; some do best when they watch others do something first.
- Our learning styles are shaped by our previous learning experiences, our personalities, and our careers.
- One learning style is not better than another.
- Each learning style has strengths and weaknesses.
- There are a variety models and inventories on learning style.
- If you chose to, you could give your staff a learning style inventory to better understand their learning preferences.

Information in this section was adapted from:


Case Study 5.2: Jeron’s team

Jeron has been having difficulty figuring out how he can best teach the Comprehensive Assessment Process (CAP) to his team. When he took over the team, they had limited CAP knowledge even though it is the child welfare model that the BMCW adopted.

Jeron has noticed that some team members take new knowledge and act before they even completely comprehend what they have learned. Others on the team can’t seem to wrap their minds around the CAP and ask why they need to understand what Ongoing or Out-Of-Home Care does when they are Initial Assessment workers. One worker didn’t appear to be listening at the team meeting where he was presenting and yet, later seemed to understand the CAP the best.

Jeron knows that it will take a while for his team to fully understand the CAP; however, he would just like to figure out a way to help all of his staff understand.
## Self-Reflection 5.2

What are some different ways that Jeron can help his team learn the Comprehensive Assessment Process?

What would some andragogical approaches toward teaching the CAP?
The UWM-Milwaukee Child Welfare Partnership for Professional Development (MCWPPD) is a program housed within the University of Wisconsin-Milwaukee Helen Bader School of Social Welfare, in collaboration with the Wisconsin Department of Children and Families and the Bureau of Milwaukee Child Welfare (BMCW). The MCWPPD is responsible for providing competency based training and development programs to public child welfare staff employed by the BMCW and its private partner agencies and foster/adoptive families licensed by the BMCW.

MCWPPD GOALS:
The MCWPPD supports the BMCW commitment to building a highly competent workforce and pool of foster and adoptive parents. As competence is not developed all at once, but continually over the course of service, the MCWPPD’s programs are designed to meet the needs that staff or foster/adoptive parents may have at various stages of their development—from the most introductory level through the most advanced.

The MCWPPD also supports BMCW efforts to meet its outcome goals and quality standards. The MCWPPD provides this support by identifying and prioritizing those learning needs most critical to achieving outcomes and upholding quality standards.

The following Services are offered by the MCWPPD:
- Learning needs assessments
- Competency-based curriculum development
- Training delivery using a variety of instructional methods
- Learning evaluation
- Performance analysis and consultation
MCWPPD
Helen Bader School of Social Welfare

Mailing Address: PO Box 786 – 2400 E. Hartford Ave, Milwaukee 53201
Central Telephone Line: 414-229-5094

For a complete listing of MCWPPD staff, refer to Appendix F
For more information regarding the MCWPPD, you can go to:
http://www4.uwm.edu/mcwppd/
As a supervisor, you play an important role in the education of your staff. Not only does staff learn from your supervision, but they benefit from your ability to help them apply their training experiences to the job. Education and ongoing development are necessary for staff to perform well on the job and to develop professionally. It should be no surprise to you that staff will feel more positively about their job as they learn and become more knowledgeable about their position.

The Supervisor’s role in teaching and staff development includes:

- The Transfer of Learning
- Completing Professional Development Plans with your workers
- Training Development Tracker

**Transfer of Learning**
The *Transfer of Learning* is a process that maximizes the transfer of knowledge and skills that occurs before, during, and after learning occurs. Supervisors, workers, co-workers, and trainers are all a part of this process. Please refer to Appendix F for the Transfer of Learning Principles.

The following is a list of tasks you might consider performing to maximize your worker’s learning experience:

- Prior to each training event, sit down together and review the learning objectives.
- Understand the performance need (have you completed the performance analysis prior to sending the worker to training?)
- Be supportive and encouraging to your workers throughout their learning process.
- Give feedback.
- Go to a training event with your workers. You don’t have to go to every training event; however, take the opportunity to attend a training that a majority of your workers are going to.
- Allow your workers to practice what they have learned.
- Review the Professional Development Plan (PDP) and put their learning to action.
The Professional Development Plan

The *Professional Development Plan (PDP)* is a tool and process aimed at creating better linkage between concepts and skills learned in training and their use on the job. The PDP was developed by the Training and Staff Development subcommittee of the Workforce Recruitment and Retention Steering Committee and is directly responsive to concerns raised by staff regarding the need to strengthen the applicability of training content to job performance. Please refer to Appendix F for the Professional Development Plan document.

The PDP recognizes the key role supervisors play in helping staff integrate the knowledge acquired and apply the newly-learned skills to the job.

The PDP is a 3-part form that accounts for multiple players in the transfer-of-learning process, i.e. UWM Training Partnership, Ongoing Case Manager, and their Supervisor. The PDP process is intended to be used as follows:

1. Supervisor reviews course objectives with case manager prior to training.
2. Trainers will devote time in each course to explain the PDP tool/process, and how the form should be completed.
3. Case managers will complete the form in training with regard to which course objectives they would like to focus on.
4. Trainers will obtain one copy of the PDP form and instruct case managers to give one copy to their supervisor and keep one copy for themselves.
5. Supervisor and case manager will review the stated goals on the PDP form and application to specific cases.
6. Supervisor and case manager both sign the form.
7. Supervisors will then review the case manager’s progress on goals during regular supervision sessions.

The Professional Development Plan section was written by Denise Wolodko of the MCWPPD.
The Training Development Tracker (TDT)

The *Training Development Tracker* is a tracking form that allows supervisors and workers to review required trainings and maintain a list of each training event that is attended. The required trainings are listed under Pre-Service, Foundation or Tier One, Tier Two, and Continuing Education classes. The Tracker also includes a goal section with activities that supervisors and staff can create together.

There is a Training Development Tracker for the following areas in child welfare:

- Intake (Access) and Initial Assessment
- Safety Services
- Ongoing Case Management
- Adoption and Out-of-Home Care

Please refer to Appendix F for a copy of the above listed Training Development Trackers. Additional TDTs can be found at: http://www4.uwm.edu/mcwppd/

**Case Study 5.1: Supervisor Leon**

Supervisor Leon has been faithfully using the Professional Development Plans with his team. His team does not like to do the PDPs. They mumble and groan when he schedules meetings to review the learning objectives of an upcoming training. The team complains about the PDPs in team meetings and to other staff. He knows that several other supervisors around the agency do not do PDPs with their staff and he is reminded of this by his own staff on a regular basis.

Leon believes that the PDPs are very valuable; however, he feels that his team is not benefiting from the PDP because of their attitude. Leon believes that if his team could see the value of the PDP process, they would understand and appreciate why they are doing them.
Self-Reflection 5.1

Do you have any suggestions to help Leon’s team see the value of the PDP?
What do you think will be the benefits of reviewing the PDP prior to and after training with your staff?
Adult Learning: Pedagogy vs. Andragogy

Consider the many different ways you have learned. Did you prefer the two-hour lectures or the hands on experiences? Did you learn and better retain information when it related to something in your life?

*Pedagogy* is a method of teaching in which the teacher transmits knowledge to the student. A lecture is an example of a pedagogical method of learning.

*Andragogy* is an adult learning theory developed by Malcolm Knowles. Andragogy offers four assumptions about adult learning:

- Adults are self-directed in their learning
- Adults learn more effectively through experiential learning
- Learning should be relevant to “life experiences”
- Adults need to be able to apply their learning immediately

Applying learning theory to Supervision:

- Since you are working with adults, we suggest that you approach teaching moments using the assumptions of Knowles’ theory.
- When your workers don’t know how to do something, teach them and have them immediately apply their newfound knowledge.
- Be mindful that worker’s may receive training and still not understand something until they are able to apply it to their work.
- When teaching your workers, relate what you are teaching to their work or their life.
- For example, if you are teaching social workers the theory of relativity, expect that they will not retain the information you just presented.
Learning Styles
As a Supervisor, you will come to understand the different learning preferences of your workers and at times, you will need to adapt your teaching style accordingly. In future Supervisory training, you will have the opportunity to review learning styles in great detail. We will briefly discuss learning styles to give you a general understanding that people learn differently.

- People have different learning preferences. For example, some prefer a more “hands-on” approach while others prefer to read directions; some do best when they watch others do something first.
- Our learning styles are shaped by our previous learning experiences, our personalities, and our careers.
- One learning style is not better than another.
- Each learning style has strengths and weaknesses.
- There are a variety models and inventories on learning style.
- If you chose to, you could give your staff a learning style inventory to better understand their learning preferences.

Information in this section was adapted from:
Case Study 5.2: Jeron’s team

Jeron has been having difficulty figuring out how he can best teach the Comprehensive Assessment Process (CAP) to his team. When he took over the team, they had limited CAP knowledge even though it is the child welfare model that the BMCW adopted.

Jeron has noticed that some team members take new knowledge and act before they even completely comprehend what they have learned. Others on the team can’t seem to wrap their minds around the CAP and ask why they need to understand what Ongoing or Out-Of-Home Care does when they are Initial Assessment workers. One worker didn’t appear to be listening at the team meeting where he was presenting and yet, later seemed to understand the CAP the best.

Jeron knows that it will take a while for his team to fully understand the CAP; however, he would just like to figure out a way to help all of his staff understand.
Self-Reflection 5.2

What are some different ways that Jeron can help his team learn the Comprehensive Assessment Process?
What would some andragogical approaches toward teaching the CAP?
The UWM-Milwaukee Child Welfare Partnership for Professional Development (MCWPPD) is a program housed within the University of Wisconsin-Milwaukee Helen Bader School of Social Welfare, in collaboration with the Wisconsin Department of Children and Families and the Bureau of Milwaukee Child Welfare (BMCW). The MCWPPD is responsible for providing competency based training and development programs to public child welfare staff employed by the BMCW and its private partner agencies and foster/adoptive families licensed by the BMCW.

MCWPPD GOALS:

*The MCWPPD supports the BMCW commitment to building a highly competent workforce and pool of foster and adoptive parents.* As competence is not developed all at once, but continually over the course of service, the MCWPPD’s programs are designed to meet the needs that staff or foster/adoptive parents may have at various stages of their development—from the most introductory level through the most advanced.

*The MCWPPD also supports BMCW efforts to meet its outcome goals and quality standards.* The MCWPPD provides this support by identifying and prioritizing those learning needs most critical to achieving outcomes and upholding quality standards.

The following Services are offered by the MCWPPD:
- Learning needs assessments
- Competency-based curriculum development
- Training delivery using a variety of instructional methods
- Learning evaluation
- Performance analysis and consultation
MCWPPD
Helen Bader School of Social Welfare

Mailing Address: PO Box 786 – 2400 E. Hartford Ave, Milwaukee 53201
Central Telephone Line: 414-229-5094

For a complete listing of MCWPPD staff, refer to Appendix F
For more information regarding the MCWPPD, you can go to:
http://www4.uwm.edu/mcwppd/
Appendix

IN THIS SECTION:

Tab 1 - BMCW BEST Module
Tab 2 - Performance Evaluation Tools
Tab 3 - Safety Decision
Tab 4 - State of Wisconsin Safety Intervention Standards
Tab 5 - The Angela Russell Case
Tab 6 - Staff Development Documents
Tab 7 - Protocol For Evaluation of CST Meetings
MISSION
OUR MISSION IS to promote the best interest of children by supporting and encouraging families’ efforts to resolve problems which threaten the safety of their children. We remove children from their homes when they are not safe. When children cannot be reunified with their families, we will provide suitable alternatives in permanent, stable, and nurturing homes.

VISION
OUR VISION IS for Milwaukee County to be a community where all children are valued and nurtured in safe family environments that support their growth into responsible, productive, caring adults forming families of the future. We acknowledge and value the unique and diverse environments in which children flourish and families connect to support one another.
GOALS

- To keep children safely in their own homes through the provision of services that support their safety and well-being;
- To ensure that children are protected from abuse or neglect when placed in care;
- To achieve timely permanency when children are placed in care;
- To hire, train, and provide ongoing development of a workforce committed to the safety and well-being of children in our community;
- To continually evaluate programming to ensure the provision of high quality, responsive and effective services.

VALUES

- We value our community and the public/private partnerships we have developed to share the responsibility of promoting and supporting the safety and well being of children;
- We value our families and the partnerships we develop with them through individualized assessments and service delivery that respects their unique strengths, needs, and beliefs from diverse cultures;
- We value our children, their resiliency and capacity to heal when we provide them stable, nurturing, and permanent homes;
- We value our workforce and their commitment to responding promptly to reports of abuse and neglect and advocating for the rights and well-being of children and families within our community.
PRACTICE PRINCIPLES

- Develop neighborhood and community resource to ensure that families and children have access to a comprehensive array of culturally appropriate services designed to enable children to live with their families, or will support timely permanency;

- Conduct thorough family assessments focusing on their strengths, and those behavioral, cognitive and emotional capacities which specifically impact the safety of their children;

- Develop and implement comprehensive, culturally appropriate intervention strategies which consider the unique strengths of families and encourage the development of parental protective capacities;

- Recruit, train, support and retain quality caregivers committed to providing safe, nurturing homes and supporting timely permanency for children;

- Collaborate across all BMCW program areas (Initial Assessment, Safety Services, Ongoing Case Management, and Foster Care & Adoption), with parents, caregivers, service providers and legal personnel to ensure that children and families receive clear, consistent and coordinated service;

- Coordinate meetings with the family’s team of extended family members, formal and informal service providers to ensure that all individuals and the services and systems that they represent, are accessible, responsive, and delivered in a coordinated manner to the family.
APPENDIX B

PERFORMANCE EVALUATION TOOLS
Factors of Job Performance

Non-Training Solutions

Feedback

Capacity

Conditions

Measurement

Standards

Motivation/Incentives

Knowledge & Skill

Training Solutions
# Performance Analysis Checklist

**Task:**

<table>
<thead>
<tr>
<th>Standards</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
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<tbody>
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<td>1. Do they know what to do?</td>
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<td>2. Do they know when to do it?</td>
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<td>3. Do their supervisors agree on what and when?</td>
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<td>4. Are there written standards?</td>
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<td>5. Do they know how they'll be evaluated?</td>
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**Conditions**

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<thead>
<tr>
<th>Conditions</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
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</thead>
<tbody>
<tr>
<td>1. Are task procedures clear and workable?</td>
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<td>2. Is the workplace physically organized?</td>
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<td>3. Is enough time available?</td>
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<td>4. Are tools and equipment available?</td>
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<td>5. Are tools and equipment operative?</td>
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<td>6. Is necessary information available?</td>
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<td>☐</td>
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<td>7. Is information accurate?</td>
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<td>8. Are distractions and interruptions minimized?</td>
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<td>☐</td>
<td>☐</td>
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<td>9. Are policies and procedures flexible enough?</td>
<td>☐</td>
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<td>10. Do they have enough authority?</td>
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<tr>
<td>11. Can the job be done by one person?</td>
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<td>12. Is support available for peak periods?</td>
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**Feedback**

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
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</thead>
<tbody>
<tr>
<td>1. Are they informed about how they're doing?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Is feedback given soon enough?</td>
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<tr>
<td>3. Is feedback given often enough?</td>
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<tr>
<td>4. Is feedback understandable?</td>
<td>☐</td>
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<tr>
<td>5. Is feedback tied to &quot;controllable&quot; performance?</td>
<td>☐</td>
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<tr>
<td>6. Is feedback specific?</td>
<td>☐</td>
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<td>7. Is feedback accurate?</td>
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<tr>
<td>8. Is feedback given by someone who matters?</td>
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<tr>
<td>9. Is feedback given in a way they accept?</td>
<td>☐</td>
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</tbody>
</table>

**Motivation/Incentives**

<table>
<thead>
<tr>
<th>Motivation/Incentives</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the task seen to be worthwhile?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Do you believe they can perform the task?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Is there incentive for performing well?</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>4. Do the incentives really matter to them?</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>5. Is the incentive contingent upon good performance?</td>
<td>☐</td>
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Adopted from Langevin Learning Services
### Motivation/Incentives (con’t)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
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<tbody>
<tr>
<td>6. Do they know the link between incentive and performance?</td>
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<tr>
<td>7. Are incentives scheduled to prevent discouragement?</td>
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<td>8. Are all available incentives being used?</td>
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<td>9. Do they find the work interesting?</td>
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<tr>
<td>10. Are there inner satisfactions for good performance?</td>
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<tr>
<td>11. If incentives are mixed, is the balance positive?</td>
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<tr>
<td>12. Is “punishment for good performance” prevented?</td>
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<tr>
<td>13. Is “reward for poor performance” prevented?</td>
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<tr>
<td>14. Is there peer pressure for good performance?</td>
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<tr>
<td>15. Is task unpleasantness or stress within acceptable levels?</td>
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<tr>
<td>16. Does poor performance draw attention?</td>
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### Measurement

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<tr>
<th>Question</th>
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<th>No</th>
<th>Not Sure</th>
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<tbody>
<tr>
<td>1. Is performance measured?</td>
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<td></td>
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<tr>
<td>2. Are measurements based on task performance?</td>
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<td>3. Are measurements based on results rather than activities?</td>
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<tr>
<td>4. Are task purposes measured?</td>
<td></td>
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<tr>
<td>5. Are the measurements objective?</td>
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<tr>
<td>6. Are the designers of the measurements qualified?</td>
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### Knowledge and Skill

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<tr>
<th>Question</th>
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<th>No</th>
<th>Not Sure</th>
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</thead>
<tbody>
<tr>
<td>1. Did they ever perform the task properly?</td>
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<tr>
<td>2. Is the task performed often enough to ensure retention?</td>
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<tr>
<td>3. Do they know the task is expected of them?</td>
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<tr>
<td>4. Is training provided?</td>
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<td>5. Is the training effective?</td>
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<tr>
<td>6. Is enough practice done during training?</td>
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<tr>
<td>7. Could they perform properly immediately after training?</td>
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<td>8. Are job aids available?</td>
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<tr>
<td>9. Are job aids effective?</td>
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<tr>
<td>10. Does performance fail to improve with experience?</td>
<td></td>
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<tr>
<td>11. Is the task procedure stable?</td>
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<tr>
<td>12. Could they do it if their lives depended on it (without further training)?</td>
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### Capacity

<table>
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<tr>
<th>Question</th>
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<th>No</th>
<th>Not Sure</th>
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</thead>
<tbody>
<tr>
<td>1. Do they have the mental capacity?</td>
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<td>2. Do they have the physical capacity?</td>
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<tr>
<td>3. Do they have the prerequisites for training?</td>
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<tr>
<td>Cause</td>
<td>Possible Solutions</td>
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<tr>
<td>Standards</td>
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<tr>
<td></td>
<td>Clarify standards</td>
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<td>Communicate standards</td>
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<td></td>
<td>Adopt uniform standards</td>
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<td></td>
<td>Create quality teams</td>
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<td></td>
<td>Create vision and mission statements</td>
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<td></td>
<td>Adopt ISO9000 standards</td>
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<td></td>
<td>Make the organization’s standards readily available (e.g. manual, on-line/intranet, bulletin boards, etc.)</td>
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<tr>
<td>Conditions</td>
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<tr>
<td></td>
<td>Redesign a job</td>
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<td></td>
<td>Redesign the physical work environment</td>
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<td></td>
<td>Make ergonomic improvements</td>
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<td></td>
<td>Provide or improve tools and equipment</td>
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<td></td>
<td>Allow flexible work schedules</td>
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<td></td>
<td>Change responsibilities</td>
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<tr>
<td></td>
<td>Install intranet and e-mail systems</td>
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<td></td>
<td>Implement self-directed work teams</td>
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<td></td>
<td>Develop or improve safety programs</td>
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<td></td>
<td>Streamline or change work processes</td>
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<td></td>
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<td></td>
<td>Reengineer major cross-functional processes</td>
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<td></td>
<td>Create cross-functional teams</td>
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<td></td>
<td>Centralize or decentralize functions</td>
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<tr>
<td></td>
<td>Create, enhance, or modify computer applications/systems</td>
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<td>Feedback</td>
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<tr>
<td></td>
<td>Provide feedback</td>
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<td></td>
<td>Improve the use of feedback</td>
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<td></td>
<td>Hold team meetings to set performance goals</td>
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<td></td>
<td>Schedule regular group meetings to discuss group performance and issues</td>
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<td></td>
<td>Implement formal or informal peer review</td>
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<td>Implement a 360 degree feedback program</td>
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<td></td>
<td>Produce internal newsletter</td>
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<td></td>
<td>Hold annual company performance briefing</td>
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<td></td>
<td>Make business plans available to all employees</td>
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<tr>
<td></td>
<td>Solicit customer feedback (e.g. surveys)</td>
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<tr>
<td></td>
<td>Solicit employee feedback</td>
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<td></td>
<td>Implement a formal mentoring program</td>
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<tr>
<td>Motivation/Incentive</td>
<td>![Check Box]</td>
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<tr>
<td></td>
<td>Provide/strengthen positive consequences</td>
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<tr>
<td></td>
<td>Remove/weaken negative consequences</td>
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</tbody>
</table>

Adopted from Langevin Learning Services
| **Remove/weaken positive consequences for poor performance** |
| **Introduce job rotation** |
| **Reorganize or restructure group** |
| **Have groups set milestones to celebrate achievements** |
| **Have groups determine their own rewards structure** |
| **Replace traditional compensation systems (e.g. pay for performance)** |
| **Hold public ceremonies and annual recognition events** |

| **Measurement** |
| **Develop measurements** |
| **Revise existing measurements** |
| **Develop group performance measurements (e.g. scorecards)** |
| **Develop a balanced scorecard** |
| **Give departments or business units profit-and-loss accountability** |

| **Knowledge & Skills** |
| **Provide classroom instruction** |
| **Improve current training** |
| **Provide refresher training** |
| **Provide practice/stimulation** |
| **Provide job aids** |
| **Provide coaching on the job** |
| **Provide electronic performance support systems** |
| **Provide teambuilding training** |
| **Provide diversity training** |
| **Provide cross-job training** |
| **Provide cross-functional training** |
| **Create a learning organization** |
| **Create a knowledge sharing environment** |

| **Capacity** |
| **Dismiss an individual** |
| **Reconfigure (restructure, reorganize) the group** |
| **Dissolve the group** |
| **Sell off a product line, plant or division** |
| **Buy or merge with another division or company** |
| **Develop or improve recruiting and selection methods** |
| **Offer employee support (e.g. employee assistance program, on-site daycare, on-site physical fitness centers)** |
Five Whys Worksheet

Performance Gap

Suspected Cause

<table>
<thead>
<tr>
<th>Why Question</th>
<th>Answer: Because…</th>
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<tbody>
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<td>1.</td>
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<td>4.</td>
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<td>5.</td>
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</table>

Cause to Take Action On
## Identify Needs Worksheet

### Description of the Performance

<table>
<thead>
<tr>
<th>Task</th>
<th>What task is not being performed?</th>
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<table>
<thead>
<tr>
<th>Required Performance</th>
<th>What does required performance look like?</th>
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</table>

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>What does actual performance look like?</th>
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</table>

### Description of the Situation

<table>
<thead>
<tr>
<th>Who (responsible) for performing the task?</th>
<th>Who else is involved in the situation?</th>
<th>Who is affected by the situation?</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Where</th>
<th>Where is the performance gap occurring?</th>
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<tbody>
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<table>
<thead>
<tr>
<th>When</th>
<th>When did the performance gap first occur?</th>
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</table>

<table>
<thead>
<tr>
<th>Signs</th>
<th>What are the visible signs of the performance gap?</th>
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</table>

<table>
<thead>
<tr>
<th>Suspicions</th>
<th>What do you suspect may be causing the performance gap?</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Impact</th>
<th>What is the measurable impact of the performance gap?</th>
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APPENDIX C

THE SAFETY DECISION ARTICLE
The Safety Decision

Introduction

This article is primarily about the safety assessment and safety conclusion but incidentally addresses some things about safety planning.

We admit that some of this article is pretty elementary, and most people in CPS will find familiar content. But we felt the need to do some explaining about safety assessment in order to emphasize some important things and to clarify some questionable decision making. We begin with a simple explanation of what a safety assessment is and do this by examining common structure. We look at the purpose of the safety assessment, which although probably obvious, serves to help us with criteria for how the method should be formed and when departure from its intent occurs. Then we look at exactly what the conclusion of the safety assessment is and discuss variations which can confound decision making. Finally, we revisit the timing of safety assessments.

The Safety Assessment

Here we are referring to safety assessment as the official event that is documented on the agency’s safety assessment form. You know that all (as far as we know) safety assessment forms across the country are constructed with a list of safety threats which a worker considers. Here’s a universal list of safety threats that we identified from examining all safety assessments. These were common to all safety assessment forms:

- Violent Caregivers or Others in the Household
- Caregiver Makes Child Inaccessible
- Caregiver Lack of Self-Control
- Caregiver Has Distorted Perception of a Child
- Caregiver Fails to Supervise/Protect
Caregiver Threatened/Caused Serious Physical Harm to a Child
Caregiver Will Not/Cannot Explain a Child’s Injuries
Child Provokes Maltreatment
Fearful Child
Caregiver Is Unwilling/Unable to Meet Immediate Needs of Child

The worker judges whether information collected during contact with the family indicates that any threats like these exist. Workers check boxes or identify yes or no to indicate the existence or non-existence of a particular threat. From our perspective, a worker should indicate a safety threat only under these conditions:

1. The behavior, family condition or situation is out of control—there is nothing internal to the family to control the threat.
2. The behavior, family condition or situation is specific, can be observed, can be described—this is not intuitive or an interpretation.
3. The behavior, family condition or situation could result in severe harm to a vulnerable child.
4. The behavior, family condition or situation as a threat to safety either is active or could become active at any time.
5. Caregivers do not possess or do not actively employ protective capacities sufficient to control the threat—they are not, will not or cannot protect their children.
6. Sufficient information has been collected and analyzed to support the identification of a safety threat; sufficient information provides a basis for bringing into question whether a caregiver can or will protect a child from the threat.

Some safety assessment forms require workers to describe in detail what the safety threat is like, how it is operating within the family. This is a good idea since the threats, like those above, are standardized and, therefore, do not reveal the uniqueness of specifically what is happening in a particular family.
Before reaching a conclusion, some safety assessment forms require workers to draw conclusions about whether other sources can and will protect the children. Usually this involves a judgment about relatives, but, in some instances, the requirement includes consideration of services that can be provided or are provided to the family. Sometimes this judgment is accompanied by justification, sometimes not. This is not a good idea. It represents a breach in the decision-making process. The decision-making process is concerned with reaching a conclusion about a child’s safety in his home. The requirement to judge whether people other than the primary caregivers can protect a child is concerned with safety planning and safety management, not safety assessment. We will elaborate on variations to this decision-making problem as the article continues.

The end of the safety assessment form is the conclusion about the status of a child safety within his or her home as related to the presence of threats and the adequacy of caregiver protectiveness.

The Purpose and Objective of the Safety Assessment

The purpose of the safety assessment is to determine whether CPS protective intervention is required. The objective (which operationalizes the purpose) is to determine whether what is happening in a family meets the definition for “safe” and “unsafe.” The objective is to rule in or rule out that a child is unsafe.

A commonly accepted definition for “unsafe” is the presence of threats to child safety and insufficient caregiver protective capacities to control the threats. The definition for “safe” is the absence of threats to child safety or sufficient caregiver protective capacities to control the threats.

These definitions are the flip side of each other, so it really doesn’t matter how you describe the objective as long as it has to do with ruling in or ruling out threats to child safety and considering caregiver protectiveness. And, as we stated
above, ruling in or ruling out threats involves a judgment that the family does not possess internal capacity to control the threat.

Everything a worker does as part of safety assessment (such as identifying threats, describing the unique occurrence of threats within a family, evaluating caregiver protective capacity) should result in the decision that a child is safe or a child is not safe within his or her home. Let’s re-emphasize that point. All the steps a worker goes through on a safety assessment form should lead to a conclusion about whether a child is safe or not in his or her home. Any requirement that does not directly lead to that decision should not be part of the form or the decision-making process. As the article continues, you will see our attempts to point out that requirements to make judgments about how to keep a child safe are misplaced since you are still in the midst of completing a safety assessment and trying to establish that the child is safe or unsafe (and in effect trying first to establish whether CPS keeping a child safe is even necessary).

The safety assessment conclusion meets the purpose of the safety assessment which is to establish the basis and provide justification for imposing safety management responses in a case.

Safety by Degrees?

Now we need to discuss the concept of child safety within a CPS context. It is possible to find in some assessment instruments, training curricula, policy language and other sources of information the notion that child safety is a matter of degree. For instance, you might have heard or seen reference to minimal safety concerns, moderate safety concerns and serious safety concerns. This suggests that children might be somewhat safe or somewhat unsafe. This is a serious problem for safety assessment and decision making. It is too fuzzy an idea. There really isn’t any way one can effectively qualify that a child is partly unsafe or is becoming safer. This is so because safety is a status or position a child is in. It is not a process. Becoming unsafe may be a process as related to dynamics,
behavior or conditions within a family which are worsening and becoming more extreme or severe. But it is at the point that behavior and conditions cross the safety threshold that a child is unsafe.

So, here, we are stating that child safety (as a status) is diametric. A child is either safe or is not safe. There is no degree of safety. As we explained in the April 2007 article, threats occur differently in families. We said present danger was an active display of a threat, and impending danger involved threats that were dormant at the time of initial case contact. However, in both instances of manifestation of threats, the child is not safe. Not to be silly, but because we think it is a good every day comparison, we’ve said child safety (as related to the CPS context) is like pregnancy. There are no degrees, a woman either is or is not.

The reason that this distinction about the nature of safety is so important is because the safety assessment is employed to draw a conclusion about safety so the agency can decide what must be done. That conclusion has only two options: safe or unsafe. If a child is safe, CPS doesn’t have to do anything more about safety intervention. If a child is unsafe, CPS must immediately determine the best and least intrusive way to keep the child safe while CPS intervention continues.

Some people really struggle with this conception of safe and unsafe as wholly opposite and different. We think that is because of the existence of family problems, challenges and difficulties which affect family functioning, contribute to the risk of maltreatment and influence child well-being over time. These things and the potential effects of them exist and can even eventually manifest into safety threats. So, perhaps people who struggle with safe or unsafe in terms we are describing here really are acknowledging a serious area of their concern that affects the quality of a child’s life but are allowing themselves to think to liberally about the relationship of these family difficulties to child well-being compared to child safety.
The diametric view of the safe – unsafe concept is crucial to safety assessment and the safety conclusion because it is definitive and precise. It forces us to confine our judgment and to justify it.

**The Locus and Focus**

When conducting a safety assessment, where do you look and what do you look at? When reaching a safety conclusion, upon who is the conclusion based? The *locus* refers to the place or, we might say, the entity that you are assessing. The *focus* refers to the center of your attention or the center of your assessing.

The *locus* of the safety assessment is the home in which the child resides. So that includes everything and everybody that is part of the home where the child resides.

The *focus* of the safety assessment is the primary caregivers. Primary caregivers reside in the home or have primary, major, significant responsibility for caring for a child. Primary caregivers are responsible for a child’s protection. Primary caregivers are parents, step-parents, a parent’s companion, grandparents or others related or not related who reside in the home and who have a primary, major, significant responsibility for a child’s protection. Primary caregivers are the people who have to change if they are not protective of the child. Primary caregivers are the center of attention throughout the CPS intervention process related to achieving case outcomes and being restored to their independent role and responsibility for child protection.

The *locus* of the safety assessment and the safety conclusion—the home—provides understanding about specific, observable family behavior, conditions, motives, attitudes, intent, emotion and situations that threaten a child’s safety. The family’s circumstances and functioning are considered, and even the physical setting, atmosphere and structure are included in the locus.
The focus of the safety assessment and the safety conclusion—primary caregivers—provides understanding about caregiver behavior and emotion that is a threat to a child’s safety and the emotional, intellectual and behavioral caregiver protective capacities primary caregivers possess.

In some places, safety assessment blends in the extended family as part of the safety assessment and safety conclusion. Sometimes the extended family’s capacity to provide protection is factored into the safety assessment. This is a mistake. The capacity of the extended family to provide protection is a safety response judgment—a part of safety planning as you consider the best and least intrusive measures to assure protection. The extended family is not the client. The extended family does not possess the primary role and primary responsibility for protecting a child (unless legal custody or guardianship has been established, and even then the role and responsibility rests with individuals not the extended family unit.) The extended family does not have to change. The extended family (living separate from the home where the child resides) is not the focus of the safety assessment and safety conclusion and is not part of the decision as to whether a child is safe or not.

Before we move away from the “who and what” of safety assessment, let’s consider a common dilemma some have about the safety judgment. It has to do with children who are placed. Some will argue that a child placed in a foster home should be concluded to be safe. Surely such children are protected from threats in their homes (given a diligent determination of the suitability of the foster home). The problem here is that the conclusion that a child is safe is made based on the location of the child (i.e., in foster care), not the child’s home and caregiver protective capacity. Obviously, what people are thinking is that they’ve made the child safe; presumably, the child remains safe as long as CPS intervention occurs. People appear to be worried about taking an action to protect a child yet having on record that the child is unsafe. This sort of loose application of the safe and unsafe conclusion fundamentally and logically seems to lead to thinking of the foster placement as the final act of CPS rather than a temporary action pending
successful return of the child to a safe home. This way of thinking fails to consider the *locus* of a safety conclusion: the child’s home and the *focus* of a safety conclusion: the primary caregivers.

**The Safety Conclusion**

The safety conclusion is really a yes – no judgment. Is the child safe or not? Since the decision is anchored against the definition for safe and unsafe, you can think of the conclusion as indicated by the following:

<table>
<thead>
<tr>
<th>Indicate whether a child is safe by checking the conclusion that accurately reflects this assessment.</th>
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</thead>
<tbody>
<tr>
<td>☐ The child(ren) is/are safe.</td>
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<tr>
<td>☐ There are no safety threats present.</td>
</tr>
<tr>
<td>or</td>
</tr>
<tr>
<td>☐ There are sufficient caregiver protective capacities to assure that safety threats are controlled.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>☐ The child(ren) is/are not safe.</td>
</tr>
<tr>
<td>☐ There are safety threats present.</td>
</tr>
<tr>
<td>and</td>
</tr>
<tr>
<td>☐ Caregiver protective capacities are insufficient to assure that safety threats are controlled.</td>
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</tbody>
</table>

Some jurisdictions have included in their safety assessment conclusion the option of selecting what it referred to as “conditionally safe.” Conditionally safe, according to these agencies, is explained as a judgment that children who are unsafe with their primary caregivers and in their own home are conditionally safe because of CPS intervention (and in some places because of extended family involvement). Some argue that an agency should never document a child is unsafe if the agency has intervened. This position is akin to what we covered above related to concluding placed children are safe. We suppose that it is sort of a liability issue to some. This idea is a mistake and another breach in decision making.
When thinking about the idea of conditionally safe, keep in mind that we stated that the conclusion is a child is safe or unsafe and that the *locus* of the judgment is the child’s home, and the *focus* of the judgment is the primary caregivers. The notion of conditionally safe based on CPS intervention is not related to either the locus or the focus of the safety assessment. It is related to a response to the conclusion that a child is not safe based on the locus and focus of the safety assessment. Conditionally safe—even by admission of most of those who like the idea—is a safety intervention response. It fits with safety planning, not with safety assessment. It should be a conclusion that is reached when a safety plan has been established, and the agency goes on record that a child is conditionally safe and the conditions are based on outlined and justified CPS intervention (which might include professional services or family network responses or both).

**Mitigation is a “Dicey” Safety Assessment Idea**

Mitigation is a precarious concept to apply in safety assessment. Mitigation can be really hard to establish and justify. Additionally, the implementation of this idea can slip off into contributing to using this as an *easy-out* option compared to more rigorous safety management. Safety assessment forms in some places include an analysis where a worker draws a conclusion that something in the case mitigates the safety threats. What is mitigation? Well let’s get simple here and go straight to the dictionary:

*Mitigate – to make or become milder; less severe, less rigorous or less painful; moderate; to operate or work against.*

Immediately, we see that according to a strict definition of this term or concept that it is inconsistent with the purpose of safety assessment and management. Keeping in mind that safety is not something that exists by degree (i.e., a child is safe or is unsafe), the purpose of safety management is to control threats to safety totally. So when someone is talking about mitigating a safety
threat—using a strict definition of mitigate—it would mean lessening the threat. Lessening the threat or making it milder is actually not possible given the diametric nature of safe and unsafe. But let’s move away from the concept and consider in more practical terms why mitigation is a problem in safety assessment.

Usually, safety assessment forms that include a provision for judging mitigation allow for that judgment to occur prior to the final conclusion about whether a child is safe or not. The process goes like this: safety threats are considered and indicated to exist; then safety threats usually are described in more detail; then an identification of something or someone in the family or connected to the family is evaluated regarding whether the thing or person or situation mitigates the safety threats. The judgment that concludes threats can be mitigated usually requires justification. Then the safety assessment proceeds to the safety conclusion which results in a judgment that the child is safe due to mitigating factors.

Remember that the purpose of the safety assessment is to determine whether CPS safety intervention (safety management) is required and that the objective of safety assessment is to conclude whether a child is safe or unsafe in his home (locus) based on caregiver protectiveness (focus). Now then, the mitigation judgment is about some kind of response (based on a person or situation) that presumably assures the child will be safe. Like the idea of conditionally safe, the question of whether people, situations or factors within a case can mitigate (liberally speaking control) a threat to a child’s safety is a safety planning concern—not a safety assessment issue. Requiring that a judgment about controlling a threat occurs before the safety assessment even concludes the child is not safe is an obvious breach in decision making and a flaw in design.

The mitigation judgment also can misrepresent the conclusion about safe or unsafe. In many instances, we have observed the indication of safety threats followed by identification of mitigating factors which assure the child is safe and,
in fact, the analysis indicates that the threats should not have been identified in the first place because the child was always safe. The mitigating factors were really routinely at play prior to the safety assessment and were controlling any safety threats that might be apparent. Now let’s think about this for a minute. We have said in articles about safety threats (see April 2007, January 2006 and March 2003) that, among other things, a family condition can be considered a threat to a child’s safety when the family condition is out of control. We have qualified that to mean that internal controls within the family do not exist to keep the out-of-control family condition in check. You can see how this mistake about concluding a child is unsafe comes about. If there are internal controls that manage family behavior and situations, then no threats exist or at least we can say that threats are being managed and the child is safe. Internal controls are working. So, sometimes when folks say that a safety threat has been or can be mitigated by some family factor, they really should be concluding that the child is safe—that no threat actually exists or that threats are managed internally by the family. The child is safe.

**The Timing of Safety Assessment**

We are going to conclude this article about safety assessment by mentioning the timing of safety assessment. One thing we want to confront is the admonishment for workers to assess safety every time they encounter a family. We are in favor of workers being on guard and alert for safety issues. However, we are concerned about an unstructured and non specific expectation that workers evaluate safety every time they show up at the family home. A general charge to assess safety at every contact is not very helpful in guiding staff and, therefore, ends up being pretty much meaningless. Safety assessment should occur with purpose; it should occur at certain intervals; and it should be conducted in relation to the case status (point a case is in the process); and according to case/family situations.
Safety assessment begins when a referral is received. The intake – screening worker and supervisor evaluate the content of the referral and decide whether the report contains information indicating present danger and impending danger. The purpose of the intake – screening safety assessment is to determine how quickly CPS should respond to the report and what might be required for the response.

Safety assessment continues when you initiate the first contact with the family. The safety issue at the first encounter is whether present danger exists. This is a field judgment based strictly on what is observed as being in process the day of the initial contact. This immediate and spontaneous safety assessment contributes to immediate action to be taken to assure a child's safety while the initial assessment – investigation proceeds in order to determine what is going on in the family generally (as compared to that first encounter).

Safety assessment occurs during or at the end of the initial assessment – investigation. This safety assessment depends on having collected sufficient information about the family to make a determination of the existence of impending danger. This safety assessment represents the most formal and official safety assessment and achieves the purpose (determining the need and requirement for continuing safety intervention) and the objective (determining that a child is safe or unsafe). This is the safety assessment that is documented on the safety assessment form and serves as the benchmark for all continuing safety and case planning decision making.

Safety assessment continues during ongoing CPS in association with case plans, service participation and case management. Now you are not assessing safety in the same fashion to determine if safety threats and insufficient caregiver protective capacities exist. That process has already occurred and is documented on the safety assessment at the conclusion of the initial assessment – investigation. There is no reason to continue to use the safety assessment form unless family situations change so that a re-examination of family conditions and
situations is necessary to revise the safety assessment. Safety assessment during ongoing CPS that occurs as a part of routine contact with a family and other involved parties is concerned with consideration of caregiver participation in the remedial process and adjustments or modifications that are occurring within the home and with the primary caregivers related to managing safety plans. When safety threats have been identified during initial assessment – investigation and children are concluded to be unsafe, a safety plan is established. The safety plan endures until safety threats are gone or caregiver protective capacities are sufficient to assure protection. So, since a safety plan is or should always be in place during ongoing CPS if a child is unsafe, there is no need to continue assessing the safety threats (in the same sense as was done early on in the case). The safety threats are controlled during ongoing CPS. So, then, safety assessment during ongoing CPS shifts to consider what kind of progress is being made to enhance caregiver protective capacity, how caregivers are participating and involving themselves in change, and what conditions are beginning to change within the home.

Safety assessment continues with documented judgments at the case evaluation event (perhaps every 90 days but no less than every 6 months). The case evaluation event is the point in time where you go on record about what we just described (i.e., caregiver progress and change, changes in conditions in the home, effectiveness of the safety plan). It is at this time too that you indicate any significant changes in the family that must be re-factored into the official safety assessment conclusion, such as changes in threats or changes in caregiver protective capacities. For instance, say the safety threat involved a person who all of a sudden is no longer part of the family situation. It could be possible that the person’s absence makes an important difference in the safety assessment and safety conclusion. At case evaluation, the record should reflect that adjustment in the safety assessment.

Safety assessment concludes at case closure. The case closure decision, at a minimum, must include reconciliation against the safety definition. So the safety
assessment at case closure is judging the presence of threats and the sufficiency of caregiver protective capacities. The same safety assessment form used during initial assessment – investigation serves the requirement for safety assessment at case closure.
APPENDIX D

STATE OF WISCONSIN SAFETY INTERVENTION STANDARDS
CHILD PROTECTIVE SERVICES
SAFETY INTERVENTION STANDARDS

Issued: May 2, 2006
Effective: July 17, 2006

Bureau of Programs and Policies
Division of Children and Family Services
Wisconsin Department of Health and Family Services
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SAFETY INTERVENTION STANDARDS

Introduction
A thorough understanding of child safety decisions and actions is essential and relevant for both initial assessment/investigation and ongoing Child Protective Services (CPS). Safety assessment, safety analysis, safety planning, and the management of child safety occur in every aspect of CPS involvement with a family. CPS has the following fundamental safety intervention responsibilities:

CPS Access:
- Gathering information related to present and impending danger threats to child safety; and
- Making screening, urgency, and response time decisions based on threats to child safety.

CPS Initial Assessment/Investigation:
- Collecting thorough safety related information with respect to individual and family member functioning;
- Analyzing the information in order to determine whether a child is safe or unsafe;
- Developing safety plans that are effective in assuring child safety and are the least intrusive to the family; and
- Overseeing and managing child safety.

CPS Ongoing:
- Evaluating the existing safety plan developed during initial assessment/investigation;
- Managing and assuring child safety through continuous assessment, oversight, and adjustment of safety plans that are effective in assuring child safety and are the least intrusive to the family;
- Engaging families in a case planning process that will identify services to address threats to child safety by enhancing parent/caregiver protective capacities; and
- Measuring progress related to enhancing parent/caregiver protective capacities and eliminating safety related issues.

A collaborative relationship between CPS and parents/caregivers that is based on practice principles of respect, honesty, equity, and self determination is critical for effective safety assessment, planning, and management. The parents or caregivers are viewed as the primary authorities in the family and are most accountable for safety and security within the family unit. CPS seeks to have a partnership with parents/caregivers, in so far as reasonable and possible, for the purpose of enhancing parent/caregiver protective capacity to enable parents and caregivers to provide a safe home for their children independent of CPS.* In addition to the relationship between CPS and parents/caregivers,
it is important to seek out involvement from extended family, community supports, friends, etc. who can help parents/caregivers and CPS manage child safety.

* NOTE: Refer to the Glossary for the definition of safe home.

I. Safety Intervention

I.A. Definition and Principles of Practice

Safety intervention refers to all the decisions and actions required throughout CPS involvement with the family to assure that an unsafe child is protected. Safety intervention respects the constitutional rights of each family member and utilizes the least intrusive intervention to keep a child safe.

Safety intervention consists of:

- Collecting information about the family to assess child safety;
- Identifying and understanding present and impending danger threats;
- Evaluating parent/caregiver protective capacities;
- Determining if a child is safe or unsafe, and
- Taking necessary action to protect an unsafe child.

If a child is unsafe, the following apply:

- Engaging parents/caregivers in the development and implementation of a safety plan;
- Continuously managing safety plans that assure child safety;
- Creating and implementing case plans that enhance parent/caregiver protective capacities and decrease impending danger threats;
- Supporting and empowering a parent/caregiver in taking responsibility for the child’s protection, and
- Establishing a safe, permanent home for an unsafe child.

When a child is unsafe, CPS must collaborate with the family to develop and implement a protective or safety plan.

Parents/caregivers are an important resource in developing protective or safety plans. This does not mean that parents/caregivers are responsible for or have to agree with the need for a safety plan to control present or impending threats to safety but they do have to be willing to be involved and cooperate with the use of a protective or safety plan. Once it has been determined that a child is unsafe, CPS should take action as necessary to control threats to child safety. While parents/caregivers must be kept fully informed of safety decisions and involved in safety planning, CPS has the responsibility to control threats to child safety. The level of CPS involvement and/or intrusion with a family with respect to controlling and managing child safety depends on how threats to safety are operating in a family and the willingness and capacity of parents/caregivers to follow through with the requirements of a safety plan.
I.B. Court Intervention

If the family is unable or unwilling to control present danger and/or impending danger threats to safety through the use of an in-home safety plan, CPS must consult with the district attorney/corporation counsel to assure that necessary services (in-home or out-of-home) are ordered by the court and implemented or take other reasonable action (e.g. Temporary Physical Custody) to immediately assure child safety.

I.C. ICWA Requirements

In all aspects of safety intervention, an Indian child’s family and tribe must be informed and the Indian Child Welfare Act (ICWA) must be followed. [25 USC 1901 to1923]

If a petition is filed on behalf of an Indian child, as defined in the Indian Child Welfare Act, CPS must notify the tribe, tribes or Bureau of Indian Affairs as required in ICWA and in accordance with the policy "Identification of Indian Children and Proper Notification in Cases Subject to the Indian Child Welfare Act." [DCFS Memo Series 2006-01]

When an Indian child is placed in out-of-home care all ICWA requirements regarding placement preferences must be followed. All actions taken to comply with ICWA must be documented in the case record.

Additionally, the ICWA requires notification to the appropriate tribe when an Indian child is removed from his or her parent or Indian Custodian for temporary placement in a foster home or institution or the home of a guardian or conservator where the parent or Indian Custodian cannot have the child returned upon demand.

CPS Case Flow and Safety Intervention

There are key decision-making points in the CPS case process as it relates to child safety. However, these critical points in safety intervention are not mutually exclusive and can occur throughout CPS involvement. When there is a new report of maltreatment or safety threats emerge in Ongoing Services, CPS assesses threats to safety and, when appropriate, develops and implements a safety plan to control identified threats. The following chart shows the relationship between safety assessment, safety analysis, and safety planning throughout the CPS case process.

Access
- Gather information related to present and impending danger threats
- Screening, urgency, and response time decisions
First contacts at Initial Assessment/Investigation
  - Assess for present danger threats
  - Create protective plans, when necessary

Initial Assessment/Investigation
  - Collect information related to safety information standard, process and practice protocol
  - Manage protective plan as indicated

Safety Assessment at the Conclusion of the Initial Assessment/Investigation
  - Determine if there are Impending Danger threats

Safety Analysis and Planning
  - Determine how impending danger is manifested in the family
  - Evaluate behavioral, cognitive, and emotional parent/caregiver protective capacities
  - Determine if the child is safe or unsafe; and if unsafe,
    - Create a safety plan.

Case Transfer
  - Review and manage the safety plan

Family Assessment and Case Plan
  - Identify parent/caregiver protective capacities associated with impending danger threats
  - Identify and implement interventions to address impending danger and parent/caregiver protective capacities
  - Identify ways to measure the effectiveness of interventions
II. Assessing and Controlling Present Danger Threats
at the Initial Contact with Families

At the onset of the Initial Assessment/Investigation or at any point of CPS involvement with families when there is a reported crisis or a new referral, CPS will begin a safety assessment by focusing on whether there are present danger threats to a vulnerable child's safety. (See Safety Appendix 1: Present Danger Threats to Child Safety and Safety Appendix 2: The Vulnerable Child)

Present danger threats are the primary basis for assessing child safety at the onset of the Initial Assessment/Investigation. While it is possible to begin gathering information at first contact with families that may reveal indications of impending danger (e.g. prior involvement at either initial assessment/investigation or ongoing services provision), typically impending danger can only be identified through the collection of information about the family/ family member functioning. (See Safety Appendix 6: The Safety Threshold and Impending Danger Threats to Child Safety)

II.A. Assessing for Present Danger Threats

CPS must assess and evaluate the family and home situation to determine whether a child is in present danger at the following points in the case process:

- information gathering and screening at Access
- determining the response time at Access
- making the initial face-to-face contact with the child(ren)
- making the initial face-to-face contact with the parents/caregivers

A protective plan is an immediate, short term strategy in response to the identification of present danger threats. The protective plan provides a child with adult supervision and care to control present danger threats and to allow for the collection of information that can be used to determine impending danger and parent/caregiver protective capacities. A protective plan may be a voluntary arrangement made between a family and an agency
II.B. Creating a Protective Plan

With the identification of present danger threats, CPS must establish a protective plan. (See: Safety Appendix 3: Establishing and Implementing the Protective Plan) A protective plan must include immediate action(s) to control present danger threats while more information about the family is being gathered through the course of the initial assessment/investigation.

When creating a protective plan CPS must:

- inform the parents/caregivers why the child is determined to be unsafe (present danger threats),
- identify with the parents/caregivers what protective plan options are available and acceptable,
- inform the parents/caregivers of the role of CPS to assure the child is protected,
- attempt to use resources within the family network to develop the protective plan,
- confirm that there is agreement by all participants,
- put the plan into place before CPS leaves the family/situation, and
- consult with a supervisor or her/his designee regarding the protective plan by the next working day.

In cases where resources within the family network are not available, accessible, or appropriate, CPS must use formal resources to develop the protective plan. It is typical in these situations to have a combination of informal and formal resources that are put in place for the protective plan.

A protective plan involving emergency removal must be used when present danger threats exists and family network or formal resources are not available or accessible or parents/caregivers are unable/unwilling to permit CPS to implement a protective plan.

II.C. Documentation

A protective plan must contain specific information regarding how present danger threats will be controlled.

Details of a protective plan must include a description of:

- the identified present danger threats that result in an unsafe child,
- how the protective plan is intended to control identified threats to each child’s safety including:
  1. the name(s) of the responsible/protective adult(s) related to each protective action, and an explanation of the person(s) relationship to the family,
III. Safety in Out-of-Home Placement

III.A. Evaluating Safety in Unlicensed and Licensed Homes When Placing a Child in Out-of-Home Care as Part of a Protective Plan

Whenever CPS implements an out-of-home protective plan either in a licensed or unlicensed home to control present danger threats, CPS must assess and evaluate the safety of the placement setting as outlined below:

- Prior to implementing the out-of-home protective plan, CPS must assess and evaluate the safety of the placement through direct contact with the substitute caregiver. This also includes a discussion of the expectations and their role in the protective plan as well as any issues related to the care of the child.

- Prior to a child's placement with an unlicensed caregiver (e.g. relatives, friends, neighbors), CPS must request a check of law enforcement records on all individuals residing in the identified placement home. If a home visit is not conducted at the time of the time of placement in an unlicensed home, CPS must document in the family case record how child safety was ensured in the placement setting.

- When a home visit is not conducted at the time of placement in an unlicensed home, CPS must, within 24 hours of placement, conduct a home visit to assess safety and the home conditions, and to assist the caregiver in setting up whatever provisions are needed for the care of the child.

- When a child is placed in an unlicensed home, a CPS records check must be completed within 24 hours of placement.

- Within five (5) working days of placement in a licensed home, CPS must conduct a home visit to reassess the home conditions and assist the caregiver in setting up whatever provisions are needed for the care of the child.

(See: Safety Appendix 4: Present Danger Threats in Placement Homes)
III.B. Documentation

Information related to III. Safety in Out-of-Home Placement must be documented in the family case record.

IV. Safety Management during Initial Assessment/Investigation

IV.A. Overseeing the Protective Plan and Monitoring Safety

The protective plan remains in effect during the period of initial assessment/investigation or until information is gathered to either eliminate the need for a protective plan or create a safety plan based on impending danger threats. For the duration of the protective plan, CPS must review the adequacy of the protective plan weekly and modify, when necessary.

V. Safety Information and Safety Assessment, Analysis, and Plan

V.A. Gathering Safety Related Information during the Initial Assessment/Investigation

In accordance with the CPS Investigation Standards, when the alleged maltreatment is by a primary caregiver, CPS must conduct interviews and gather the following information to assess impending danger and develop safety plans:

1. The extent of maltreatment
2. The circumstances surrounding the maltreatment
3. Child functioning
4. Adult functioning
5. Parenting and disciplinary practices


The CPS Investigation Standards also require an assessment of family functioning. This information is related to risk concerns and not threats to child safety.

V.B. Safety Assessment and Safety Analysis

CPS must complete a safety assessment at the conclusion of the initial assessment/investigation of alleged maltreatment by a primary caregiver. The basis for assessing child safety at the conclusion of the initial assessment/investigation is the identification of impending danger threats. If impending danger threats are identified, then a child may be unsafe. (See Safety Appendix 6: The Safety Threshold and Impending Danger Threats to Child Safety)
If a safety assessment indicates that a child may be unsafe, a safety analysis must be completed to determine if a child is safe or unsafe by:

- identifying how impending danger threats are occurring in this family, and
- assessing the parent’s/caregiver’s ability and capacity to provide protection.

The same day a child has been judged to be unsafe (i.e. presence of impending danger and insufficient parent/caregiver protective capacities) CPS must develop and put into place a safety plan.

Initial assessment/investigation information related to adult functioning and parenting should reveal if there are parent/caregiver protective capacities sufficient to manage impending danger. Additional information may be necessary to further identify parent/caregiver protective capacities that will assure child safety.

In most cases, the same day a child is judged to be unsafe a plan to control for child safety must be developed and put in place. There may be extenuating circumstances that are documented in the family case record that allow for the safety plan to be created and implemented within a few days. For instance, a child may not be exposed or be immediately accessible to the parent/caregiver that poses an impending danger or a child is presently safe due to the existence of a protective plan that has been in effect since the beginning of the initial assessment/investigation. That protective plan remains in place until such time as the safety plan is fully established.

If the safety assessment indicates that a child may be unsafe, a safety analysis is completed to further examine specifically how impending danger identified in the safety assessment is occurring in a family and evaluate the capacity of the parent/caregiver or family members to assure child safety. A child is unsafe when the safety analysis concludes that parent/caregiver protective capacities are insufficient to manage or mitigate impending danger and assure protection. (See Safety Appendix 7: Parent/Caregiver Protective Capacities)

If a child is unsafe, a determination needs to be made regarding the level of intervention required to control and manage impending danger threats, including the need for an in-home safety plan, an out-of-home safety plan, or a safety plan that combines in-home and out-of-home options.

**V.C.1. Safety Plan**

A safety plan is only required when a child is concluded to be unsafe. A safety plan is a written arrangement between parents/caregivers and CPS that establishes how impending danger threats will be managed. The safety plan is implemented and active as long as impending danger threats exist and parent/caregiver protective capacities are insufficient to assure a child is protected. The safety plan must describe in detail:
• the specific impending danger threats,
• the safety services that will be used to manage impending danger threats,
• the names of formal and informal providers that will provide safety services,
• the roles and responsibilities of the safety services providers including a description of the availability, accessibility and suitability of those involved,
• the action/services including frequency and duration, and
• how CPS will manage/oversee the safety plan, including communication with the family and providers.

(See Safety Appendix 8: Safety Plan Information and Safety Appendix 9: Safety Services Information)

CPS should consider the least intrusive means possible to control impending danger and involve parent/caregivers in a discussion about the results of the safety analysis and the need for a safety plan. CPS should inform parents/caregivers about their rights related to accepting/cooperating with the safety plan as well as any alternatives or consequences.

In order to develop a safety plan that uses the least intrusive means possible, CPS should:

• work to engage parent/caregiver in understanding and accepting the need for a safety plan,
• enlist the parent/caregiver in a process of identifying and fully considering available safety management services/options.

Careful consideration is first given to the use of in-home safety management options followed by combinations of in-home and out-of-home safety management options, before concluding that out-of-home safety management is the only acceptable means to manage impending danger and assure child protection.

V.C.2. Developing a Safety Plan

When developing a safety plan, CPS must first use the in-home safety management criteria in Safety Appendix 10: In-home Safety Management Criteria to determine if an in-home safety plan can be implemented and is sufficient to control impending danger threats to assure child safety. CPS must also confirm that parents/caregivers are willing to cooperate with an in-home safety plan and agree with the expectations, designated tasks, and time commitments set forth in the safety plan.

When an in-home safety plan cannot assure that impending danger threats will be managed, CPS must develop an out-of-home safety plan using the criteria in Safety Appendix 11: Out-of-Home Safety Management Criteria. CPS must inform the substitute caregivers of the expectations and their role in the safety plan as well as discuss any issues related to the care of the child.

An out-of-home safety plan must clearly outline what is needed (e.g. conditions, expectations, safety services) for the child to return home with an in-home safety plan.
Prior to an unsafe child's placement in a relative or foster home, CPS must formally assess the safety of the placement setting.

V.C.3 Documentation/Supervisory Approval

The safety assessment, analysis and plan must be approved by a supervisor or her/his designee and documented in the family case record.

VI. Initiation of CPS Ongoing Services

VI.A. Reviewing the Safety Plan at the Initiation of Ongoing Services

The review of the safety plan by the newly assigned worker must include:

- a transition meeting between the initial assessment/investigation worker and the newly assigned worker to discuss the specific expectations for CPS oversight of the safety plan,
- meeting face-to-face with parents/caregivers and children within seven (7) working days from the initiation of ongoing services to review their understanding of the safety plan and their roles and responsibilities,
- communicating with safety plan participants/providers, either in person or by telephone, to confirm their continued commitment to and involvement in the safety plan as well as their understanding of their roles and responsibilities, and
- modifying the safety plan as necessary and assuring that all parties involved in the safety plan are informed and remain committed.

Note: There are other times in the case process when a case is transferred from one worker to another or from one county to another. In these circumstances, CPS workers must also have a transition meeting to discuss the specific expectations for CPS oversight of the safety plan.

Attention to child safety is critical during the transition to ongoing services. Key factors associated with safety management oversight include:

1. Contact with the Parents/Caregivers and Children.

   The need for contact is qualified by what is happening in a case at the time of case transfer. Based on information from the safety assessment and analysis, some case circumstances may support the need for immediate contact. These may include, but are not limited to:
   - changes in circumstances that may impact child safety,
   - the complexity or volatility of safety threats,
   - the type of safety plan (in-home or out-of-home) and the need to respond differently to each,
• child vulnerability including susceptibility and accessibility to the safety threat(s),
• the level of effort/frequency of activities in the safety plan and reliability of those involved in the safety plan, and
• the confidence related to parent/caregiver participation and commitment to child safety.

2. Evaluation of the Safety plan

CPS staff needs to be proficient in safety management to assure that safety threats are controlled and managed at the needed frequency, duration, and service level. Furthermore, evaluation requires confirming that the safety actions taken by CPS and others match impending danger threats and compensate for the identified diminished parent/caregiver protective capacities.

3. Immediate Adjustment of the Safety plan

Safety planning needs to be understood as dynamic. CPS must act promptly and thoroughly when a safety plan is judged to be insufficient and in need of modification.

VII. Safety Intervention in CPS Ongoing Services
Family Assessment and Case Planning Process

The process of assessing parent/caregiver protective capacities meets the requirements set forth in the Adoption and Safe Families Act concerned with integrating safety concerns in case plans and achieving safe homes. Understanding and using the concept of parent/caregiver protective capacities is the basis to address diminished protective capacities and safety threats in case plans.

VII.A. Family Assessment

Conducting the Assessment of Protective Capacities

To assess and identify parent/caregiver protective capacities when a child is unsafe, CPS should:
• review the results of the initial assessment/investigation, safety analysis and plan, and other relevant records,
• verify that the safety plan continues to control safety threats,
• make attempts to engage the family in a collaborative partnership in identifying any parent/caregiver protective capacities that must change to assure child safety,
• evaluate the parent's/caregiver's readiness to change, and
• gather information from the family's informal and formal support system to better understand safety threats, parent/caregiver protective capacities, unmet family needs, and prospective solutions and resources.
VII.A. Decisions and Conclusions at Family Assessment

To address child safety, CPS must make decisions and conclusions about the following:

- What parent/caregiver protective capacities are diminished and, therefore, result in impending danger to the child?
- What is the impact of adult functioning on parenting practices?
- What is the impending danger to the child based on how safety threats are manifested in the family?
- Are safety threats being adequately managed and controlled?

Involving Parents/Caregivers in Designing a Case Plan

CPS should discuss with parents/caregivers:

- the circumstances and family conditions involving impending danger,
- the rationale and necessity for safety and case plan services,
- the implications for parent/caregiver participation and commitment to case plans,
- the potential outcomes of successful or unsuccessful case plans, and
- specifically what conditions of the home or parent/caregiver behaviors need to change.

VII.B. Case Plan

VII.B. Case Plan Content

Consistent with the “Ongoing Services Standards and Guidelines for Child Protective Services”, when the family has an out-of-home or in-home safety plan, the first priority for case planning must be reducing the threats to child safety and enhancing the protective capacities of the parents/caregivers so that the family can assure child safety without CPS intervention.

The case plan must include:

1. Identified goals, developed with the family, which are specific, behavioral and measurable with a focus on enhancing parent/caregiver protective capacities in order to establish child safety and a safe home.

2. Identified services and specified roles and responsibilities of providers, family members, and the ongoing service worker to assist the family in achieving the identified goals.

Consideration of the following questions can aid in developing case plans that are successful and focus on changing conditions that make the child(ren) unsafe:
• How can existing enhanced parent/caregiver protective capacities be used to help facilitate change?
• What change strategy (case plan) will most likely enhance protective capacities and decrease impending danger?
• How ready, willing, and able are parents/caregivers to address impending danger and diminished protective capacities, and are there any case management implications?

VII.C. Family Assessment and Case Plan Documentation/Supervisory Approval

Consistent with the “Ongoing Services Standards and Guidelines for Child Protective Services”, the family assessment and case plan, which includes safety intervention information, must have supervisory approval (or her/his designee) and be documented in the family case record within sixty (60) days from the initiation of Ongoing Services.

VIII. Managing Safety during Ongoing Services

Continually evaluating the effectiveness of what has been planned to control safety threats (safety plans) or enhance parent/caregiver protective capacities (case plans) is a critical CPS responsibility in safety and case management. Because family dynamics/situations can change, it is necessary to monitor safety on a continuing basis.

Case management, as applied to safety intervention, refers to
• attempting to engage parents/caregivers in a process for change,
• identifying parents/caregiver protective capacities,
• integrating parent/caregiver protective capacities into case plans,
• arranging and implementing services focused on enhancing parent/caregiver protective capacities,
• communicating routinely with parents/caregivers and service providers,
• identifying and removing barriers and conflict that can jeopardize the successful implementation of the safety plan,
• evaluating parent/caregiver progress, and
• closing the case when a safe home has been achieved.

VIII.A. Monitoring the Safety Plan

In-Home Safety Plan

The CPS Ongoing Services worker must continuously conduct a review and evaluation of the adequacy of an in-home safety plan.

This includes:
• twice a month face-to-face contact, at a minimum, with parents/caregivers and child unless a need for more immediate contact is indicated by the information obtained about the family by a safety service provider, and
• once a month contact, at a minimum, with service providers involved in the safety plan.

Out-of-Home Safety Plan

The CPS Ongoing Services worker must continuously conduct a review and evaluation of the adequacy of an out-of-home safety plan. This includes:

• monthly, at a minimum, face-to-face contact with the out-of-home caregiver and child, and
• monthly, at a minimum, face-to-face contact with parents.

Note: CPS must also complete a formal re-assessment of the safety of the placement every six months. This must include confirmation of the continuing suitability of the providers, the absence of safety threats, the presence of indicators that the environment is safe, and the child’s adjustment to the placement.

In families where there is an in-home safety plan, information gathered from the parents/caregivers, child, and service providers is used to evaluate and confirm child safety by:

• assuring that the services put in place continue to adequately control identified safety threats,
• assuring that the commitments by the family and providers remain in tact,
• determining whether previously identified safety threats have been eliminated or if the severity has been reduced or increased,
• determining if new safety threats have emerged, and
• modifying the safety (related to impending danger threats) or case plan (related to protective capacities), when appropriate.

In families where there is an out-of-home safety plan, information gathered from the parents/caregivers, child and out-of-home care provider is used to:

• assess if safety threats in the parental home are in effect,
• determine if conditions have changed/can be controlled with the provision of services to allow the child to return home with an in-home safety plan, and
• assess if the child’s out-of-home care provider is continuing to meet the child’s needs and provide for their protection/safety, and modify the safety or case plan, when appropriate.

VIII.B. Documentation
Information related to the requirements of safety management must be documented in the family case record.

IX. Case Progress Evaluation

The case progress evaluation is a formal opportunity for the family and the Ongoing Services worker to assess and evaluate progress toward enhancing parent/caregiver protective capacities or reducing or eliminating safety threats and to make any needed modifications to the plan to support the family in establishing and maintaining a safe home for their children.

IX.A. Measuring and Evaluating Progress and Change

As part of monitoring an in-home or out-of-home safety plan (refer to Section VIII.A. Monitoring the Safety plan) the Ongoing Services worker must conduct a case progress evaluation every 90 days after the initiation of the case plan in order to evaluate the effectiveness of the case plan and measure progress and change.

The goals in the case plan are used as the basis for evaluating progress and change related to enhancing parent/caregiver protective capacities related to impending danger threats.

When the case progress evaluation indicates that the case plan needs to be modified due to changes in parent/caregiver protective capacities or threats to safety, the Ongoing Services worker, in collaboration with parents/caregivers, must revise the plan or create a new case plan.

IX.B. Documentation/Supervisory Approval

Case Progress Evaluation information must be documented in the family case record and approved by a supervisor or her/his designee.

X. Reunification

Reunification represents a specific event within ongoing CPS safety management. It is possible to reunify after parents/caregivers have made progress related to addressing issues associated with safety threats and parent/caregiver protective capacities. The essential question is, “Can the child be kept safe within the home if he or she is returned home?”

X.A. Reunification Criteria and Process

Prior to a child being reunified, the following safety criteria must be met:

- Child safety can be maintained within the child’s home,
• Circumstances and behavior that resulted in removal can now be managed through an in-home safety plan, and
• A judgment can be made that an in-home safety plan can be sustained while services continue.

When the results of the case progress indicate that diminished parent/caregiver protective capacities are sufficiently enhanced to manage threats to safety, CPS initiates the process to reunify a child with his or her family.

As a part of this process CPS must:

• conduct a safety assessment and analysis before completing the reunification process, and
• when a child is unsafe, create an in-home safety plan to be implemented when the child is reunified. The in-home safety plan must be managed in accordance with these Standards.

XII. Case Closure

XI.A.1. Safety at Case Closure

Safety intervention at case closure relates to confirming that there are no safety threats or that sufficient parent/caregiver protective capacities exist to protect the child from impending danger.

The CPS responsibilities in making a determination that a safe home exists include:

• a formal safety assessment to make a judgment concerning the absence or presence of safety threats, and
• reassessing parent/caregiver protective capacities.

The Ongoing Services worker should work with the family to assure informal or formal supports are in place prior to case closure. These supports include arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once CPS involvement ends.

XI.A.2. Documentation/Supervisory Approval

Case closure information must be documented in the family case record and approved by a supervisor or her/his designee.

XII. Exceptions

XIII.A. Exceptions can only be made to these Standards when the justification for the exception and the alternative provision to meet the requirement(s) is documented in the case record and approved by a supervisor or her/his designee. Exceptions cannot be granted for requirements of state statutes, federal law, or administrative rules.
GLOSSARY

The management and treatment of threats to child safety is based on concepts that should be fully understood and applied. The foundation for what CPS does during safety intervention is grounded on these concepts. The proficient use of the ideas that are expressed through these definitions is fully dependent on a versatile working knowledge of what these concepts are and how they have relevance, give meaning and apply to safety intervention.

1. **Impending Danger** is a foreseeable state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a threat which may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. The danger may not be obvious at the onset of CPS intervention or occurring in a present context, but can be identified and understood upon more fully evaluating individual and family conditions and functioning. There are seventeen (17) impending danger threats contained as criteria on the Safety Assessment for assessing, determining, and recording the presence of impending danger.

2. **Parent or Caregiver Protective Capacities** refers to personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his or her child. A protective capacity is a specific quality that can be observed, understood and demonstrated as a part of the way a parent thinks, feels, and acts that makes her or him protective.

3. **Present Danger Threats** refer to immediate, significant and clearly observable family condition that is actively occurring or “in process” of occurring at the point of contact with a family and will likely result in severe harm to a child.

4. **Protective Plan** refers to an immediate, short term action that protects a child from present danger threats in order to allow completion of the initial assessment/investigation and, if needed, the implementation of a safety plan.

5. **Reunification** refers to a safety decision to modify an out-of-home safety plan to an in-home safety plan based on an analysis that a) impending danger threats can be controlled; b) parent/caregiver protective capacities have been sufficiently enhanced; and c) parent/caregivers are willing and able to accept an in-home safety plan.

6. **Safe Home** refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child’s safety and provide a permanent living arrangement. A safe home is qualified by the absence or reduction of threats of severe harm; the presence of sufficient parent or caregiver protective
capacities; and confidence in consistency and endurance of the conditions that produced the safe home. The term “safe home” is used in the Adoption and Safe Families Act (ASFA) as the objective of CPS intervention.

7. **Safety** refers to the absence of present or impending danger to a child or routinely demonstrated parent or caregiver protective capacities to assure that a child is protected from danger.

8. **Safety Analysis** refers to an examination of safety intervention information; impending danger threats as identified by the safety assessment; and parent/caregiver protective capacities.

9. **Safety Assessment** means the identification and focused evaluation of impending danger threats as part of the initial CPS intervention and continues throughout the life of the case.

10. **Safety Intervention** refers to all the actions and decisions required throughout the life of a case to a) assure that an unsafe child is protected; b) expend sufficient efforts necessary to support and facilitate a child’s parents/caregivers taking responsibility for the child’s protection; and c) achieve the establishment of a safe, permanent home for the unsafe child. Safety intervention consists of identifying and assessing threats to child safety; planning and establishing safety plans that assure child safety; managing safety plans that assure child safety; and creating and implementing case plans that enhance the capacity of parents/caregivers to provide protection for their children.

11. **Severe Harm** refers to detrimental effects consistent with serious or significant injury; disablement; grave/debilitating physical health or physical conditions; acute/grievous suffering; terror; impairment; even death.

12. **Threat to Child Safety** refers to specific conditions, behavior, emotion, perceptions, attitudes, intent, actions or situations within a family that represent the potential for severe harm to a child. A threat to child safety may be classified as present danger threats or impending danger threats.

13. **Unsafe** refers to the presence of present or impending danger to a child and insufficient parent or caregiver protective capacities to assure that a child is protected.
SAFETY APPENDIX 1

Present Danger Threats to Child Safety
DEFINITIONS AND EXAMPLES

Maltreatment

➢ The child is being maltreated at the time of the report or at initial contact
This means that the child is being maltreated at the time the report is being made, maltreatment has occurred the same day as the initial contact, or maltreatment is in process at the time of the initial contact. This does not include chronic neglect that is reported as being ongoing but does not necessarily meet the criteria for present danger.

➢ Severe to extreme maltreatment of the child is suspected, observed, or confirmed
This includes severe or extreme forms of maltreatment and can include severe injuries, serious unmet health needs, cruel treatment, and psychological torture.

➢ The child has multiple or different kinds of injuries
This generally refers to different kinds of injuries, such as bruising and burns, but it is acceptable to consider one type of injury on different parts of the body.

➢ The child has injuries to the face or head
This includes any kind of physical injury to the face or head of the child alleged to be the result of maltreatment.

➢ The maltreatment demonstrates bizarre cruelty
This includes such things as locking up children, torture, extreme emotional abuse, etc.

➢ The maltreatment of several victims is suspected, observed, or confirmed
This refers to more than one child currently being maltreated, rather than other children having been maltreated in the past. This does not include chronic ongoing neglect cases, where there is more than one alleged child victim, if the neglect situation does not meet the criteria for present danger.

➢ The maltreatment appears premeditated
The maltreatment appears to be the result of a deliberate, preconceived plan or intent.

➢ Dangerous (life threatening) living arrangements are present
This is based on specific information reported which indicates that a child’s living situation is an immediate threat to his/her safety. This includes serious health and safety circumstances such as unsafe buildings, serious fire hazards, accessible weapons, unsafe heating or wiring, etc. It is dependent upon the age and self-protective capacities of the child.
- The current report represents a serious threat to the child and there is a history of reports
  This threat requires no qualification about the nature of the previous reports as in whether they were minor or serious. Family history of reports should always be considered in relation to other threats when making judgments about present danger threats to a child. Serious is consistent with moderate to extreme maltreatment associated with serious family difficulties or stresses, questionable protective capacities, and concerning parental behavior.

- The child is accessible to a maltreater
  This is a present danger threat if the suspected maltreatment is severe to extreme. This applies to circumstances where the maltreater has current access as well as where the maltreater will have access in the very near future, such as at the end of the school day. This also refers to situations where there is only one parent/caregiver, who is isolated from others, and therefore, spends significant amounts of time providing care for a child.

Child

- Parent’s viewpoint of child is bizarre.
  This refers to an extreme viewpoint that could be dangerous for the child, not just a negative attitude toward the child. It is consistent with the level of seeing the child as demon possessed.

- Child is unable to care for self and unsupervised or alone at the time of the report
  This only applies if the child is truly without care, it does not apply to a person complaining that the parent has left the child with them and hasn't picked the child up yet. It also only applies to a child left unsupervised now. If the child was unsupervised the previous night but is not alone now, it is not a present danger threat of harm.

- Child needs medical attention at the time of the report
  This applies to a child of any age. To be a present danger threat of harm, the medical care required must be significant enough that its absence could seriously affect the child’s health and well-being. Lack of routine medical care is not a present danger threat.

- Child is fearful or anxious of the home situation at the time of the report
  This applies to children who are described as being obviously afraid of their home situation, their present circumstances, or of a person because of a personal threat.
Parent

- Parent is intoxicated (alcohol or other drugs) now or is consistently under the influence
  This refers to a parent who is intoxicated or under the influence of drugs most of the time. The parent’s ability to care for the child is less important than the use of a substance (drinking compared to intoxicated). Special consideration should be given in cases where methamphetamine use or the manufacturing of methamphetamine is reported. CPS should coordinate the response with law enforcement.

- Parent is out of control (mental illness or other significant lack of control)
  This can include bizarre or dangerous behaviors as addressed below, but also includes mental or emotional distress where a parent cannot manage their behaviors in order to meet their parenting responsibilities related to providing basic, necessary care.

- Parent is demonstrating bizarre behaviors
  This will require interpretation of the reported information and may include unpredictable, incoherent, outrageous, or totally inappropriate behavior.

- Parents are unable or unwilling to perform basic care
  This only refers to those parental duties and responsibilities consistent with basic care or assuring safety, not to whether the parent is generally effective or appropriate.

- Parent is acting dangerous now or is described as dangerous
  This includes a parent described as physically or verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in an aggressive manner, etc.

- Parents’ whereabouts are unknown
  This includes situations when a parent cannot be located at the time of the report and this affects the safety of the child.

- One or both parents overtly reject intervention.
  They key word here is “overtly.” This means that the parents refuse access to the child. This means that the parents essentially avoid all CPS attempts at communication and completion of the initial assessment/investigation. In all likelihood this will be considered and acted upon as a present danger threat since it is probable that the overt rejection will begin at the initial contact or closely thereafter thus requiring a protective plan in order for the initial assessment/investigation to continue.
- **Both parents/caregivers cannot or do not explain the child’s injuries and/or conditions.**

  Parents/caregivers are unable or willing to explain maltreating conditions or injuries which are consistent with the facts.

**Family**

- **The family may flee**
  This will require judgment of case information. Transient families, families with no clear home, or homes that are not established, etc., should be considered. This refers to families who are likely to be impossible or difficult to locate and does not include families that are considering a formal, planned move.

- **The family hides the child**
  This includes families who physically restrain a child within the home as well as families who avoid allowing others to have contact with their child by passing the child around to other relatives, or other means to limit CPS access to the child.

- **Child is subject to present/active domestic violence**
  This refers to presently occurring domestic violence and child maltreatment or a general recurring state of domestic violence that includes child maltreatment where a child is being subjected to the actions and behaviors of a perpetrator of domestic violence. There is greater concern when the abuse of a parent and the abuse of a child occur during the same time.

- **Family is isolated and there is a report of serious maltreatment**
  This refers to both geographic and social isolation. This is a dependent threat, i.e. in and of itself, the isolation of a family is not a present danger threat.

- **Situation may/will change quickly and there is a report of serious maltreatment**
  This is not truly a present danger threat of harm, but is pertinent in judging the need to respond in that the change in the situation may result in the loss of opportunity to gather important information.
SAFETY APPENDIX 2

The Vulnerable Child

Introduction

Is there a vulnerable child in this family?

Child vulnerability refers to a child’s capacity for self-protection. This definition helps to challenge the tendency of associating vulnerability primarily with age.

The Safety Assessment

Child vulnerability is the first conclusion you make when completing a safety assessment. If you conclude that there is not a vulnerable child in the family/household, no further safety assessment is necessary and no safety plan is required. When, however, you determine that a vulnerable child lives in the family/household, then you proceed with completing the safety assessment.

Safety is an issue only when there is a vulnerable child in a family.

Judging Child Vulnerability

In order to judge child vulnerability, you will need to observe the family and gather information to evaluate the child, understand the role the child has in the family, and have a sense of the parent-child interaction or relationship. While the vulnerability of some children is obvious simply by observation (e.g., an infant), it is not uncommon that a CPS worker cannot make an adequate judgment on the vulnerability of a child until the conclusion of the initial assessment/investigation.

The following will assist in judging child vulnerability:

- **Age** – Children from birth to six years old are always vulnerable. Be hyper-vigilant about infants.

- **Physical Disability** – Regardless of age, children who are physically handicapped and therefore unable to remove themselves from danger are vulnerable. Those who, because of their physical limitations, are highly dependent on others to meet their basic needs are vulnerable.

- **Mental Disability** – Regardless of age, children who are cognitively limited are vulnerable because of a number of possible limitations: recognizing danger, knowing who can be trusted, meeting their basic needs and seeking protection.
**Provocative** – A child’s emotional, mental health, behavioral problems can be such that they irritate and provoke others to act out toward them or to totally avoid them.

**Powerless** – Regardless of age, intellect and physical capacity, children who are highly dependent and susceptible to others are vulnerable. These children typically are so influenced by emotional and psychological attachment that they are subject to the whims of those who have power over them. Within this dynamic, you might notice children being subject to intimidation, fear, and emotional manipulation. Powerlessness could also be observed in vulnerable children who are exposed to threatening circumstances which they are unable to manage.

**Defenseless** – Regardless of age, a child who is unable to defend him/herself against aggression is vulnerable. This can include those children who are oblivious to danger. Remember that self-protection involves accurate reality perception particularly related to dangerous people and dangerous situations. Children who are frail or lack mobility are more defenseless and therefore vulnerable.

**Non Assertive** – Regardless of age, a child who is so passive or withdrawn to not make his or her basic needs known is vulnerable. A child who is unable or afraid to seek help and protection from others is vulnerable.

**Illness** – Regardless of age, some children have continuing or acute medical problems and needs that make them vulnerable.

**Invisible** – Children that no one sees (who are hidden) are vulnerable. A child who has limited or no adult contact outside the home and is not available to be noticed or observed should be considered to be vulnerable regardless of age.

**Summary**

- Child vulnerability is the first conclusion you make when completing a safety assessment.
- A judgment about child vulnerability is based on the capacity for self-protection.
- Self-protection refers to being able to demonstrate behavior that 1) results in defending oneself against threats of safety and 2) results in successfully meeting one’s own basic (safety) needs.
- Child vulnerability is not a matter of degree. Kids are vulnerable to threats to safety or they are not.
- Vulnerability means being defenseless to threats of safety.
- Child vulnerability is not based on age alone.
- There are many characteristics of older children that make them vulnerable to threats to safety.
- If there are no vulnerable children in a family/household, then no additional safety assessment or safety planning is necessary.
- As a safety assessment concern, a child’s vulnerability informs us about the predisposition for suffering more serious injury.
- As a safety planning issue, a child’s vulnerability helps inform us about what is needed to manage threats and assure protection.
SAFETY APPENDIX 3

ESTABLISHING AND IMPLEMENTING THE PROTECTIVE PLAN

The following questions provide a guide for considering the establishment of immediate protective plans:

- Specifically, what are the threats that you are concerned with? What danger must be controlled?
- Is the family network interested in and capable of carrying out a protection plan?
- Is there any source within the family network that can serve to reduce the safety concern? (e.g., non abusing spouse, extended family, etc.) How do you know if they are willing/able?
- What natural resources seem to exist within the family network?
- What do you know about these resources (people)? How can you find out?
- Do resources and supports seem sufficient and available to address the threats to safety during the next few hours and days?
- What are the parents’/caregivers’ and family’s likely responses to my concerns?
- How do you deal with the parents/caregivers and the situation?
- Does a crisis exist? Are the threats associated with a crisis?
- How is the family responding to the crisis? What meaning does that have for action you must take?
- Will a protective plan stimulate a crisis? What are the implications of that?
- Is classic crisis intervention needed? What does that involve?
- Does the family have immediate needs that must be addressed? (e.g. housing, food, some sort of care). How does that affect your decisions? What can you offer? What actions are necessary by you? By them?
- Can an in-home protection plan be established? How will you involve the parents/caregivers/family network? What roles and responsibilities will they have? What roles and responsibilities will be given to others? How independent are others from the family in respect to exerting their protection role?
- How do you know the plan will work?
- Who else is involved?
- What is your role?
  - Does the child need a medical evaluation or immediate medical care? Why? How do you communicate this to the parents? How will you carry this out?
  - What are the immediate next steps? How will you know and believe their responses, commitments etc. re the next steps?
- Is legal action necessary to help assure the sufficiency of the protective plan? What steps are necessary to carry this out?
Examples of protective plans include but are not limited to:

- A maltreating or threatening person agrees to leave and remain away from the home and child until such time as the initial assessment/investigation is complete.
- A responsible, suitable person agrees to reside in the household and supervise the child at all times and/or as needed to assure protection until the initial assessment/investigation is complete.
- The child is cared for part or all of the time outside the child’s home by a friend, neighbor, or relative until the initial assessment/investigation is complete.
- The child is formally placed in out-of-home care pending the completion of the initial assessment/investigation.
SAFETY APPENDIX 4

PRESENT DANGER THREATS IN PLACEMENT HOMES

Present danger threats in placement homes can be different than present danger threats in a child’s own home. When assessing safety of relative or foster care providers for the first time CPS should consider the following:

- A child’s exceptional needs or behaviors placement caregivers cannot or will not meet or manage.

- A child who may be seen by placement caregivers as responsible for the child’s parents’ problems or for problems the prospective placement caregivers are experiencing or may experience.

- Placement caregivers who may be sympathetic toward the child’s parents; who may justify the parents’ behavior; who may believe the parents rather than CPS and the child; and/or who may be supportive of the child’s parents’ point of view.

- Any history of or active criminal behavior associated with the placement home.

- The potential for placement caregivers to allow parents access to the child.

- Whether the placement caregiver family is an active CPS case; whether there is a history of CPS involvement or history of reports.

The presence of any of these safety concerns along with present danger threats should be fully studied and understood and may represent a basis for not choosing a placement.
SAFETY APPENDIX 5

INFORMATION NEEDED TO SUPPORT SAFETY DECISIONS

1. The Extent of Maltreatment
   • nature and extent of maltreatment
   • symptoms
   • specific events and circumstances
   • condition and location of the presenting child
   • duration
   • progression
   • pattern

2. Circumstances Surrounding the maltreatment
   • isolation
   • stress and coping
   • violence
   • multi-generational / historical
   • explanation for maltreatment, events or family circumstances
   • openness and truthfulness
   • mental health issues
   • substance use issues
   • parents’/caregivers’ response to CPS.
   • history and duration of the maltreatment; chronicity and pervasiveness.
   • contextual issues such as the use of objects, threats, intentional, bizarre.

3. Child Functioning
   • child vulnerability
   • special needs or unusual behaviors
   • sense of security compared to fearfulness
   • developmental status
   • physical health and healthcare
   • if school age, school attendance and performance
   • suicidal, homicidal, or dangerously impulsive behavior
   • developmentally/age appropriate social outlets; peer relationships; physical activity
   • history of being sexually reactive/sexual acting out
   • signs of positive attachment with parent or caregiver
   • nature of affect; mood; temperament
   • behaviors in terms of being within or beyond normal limits
   • sleeping arrangements
• child perceptions about intervention for self or other family members
• appropriateness of child’s responsibilities within the home and family
• condition of the child
• usual location(s) of the child
• accessibility of the child to danger or threatening people

4. Adult Functioning
• reality orientation
• reality perception
• problem awareness, acknowledgement, acceptance
• self evaluation as part of life situation
• openness and defensiveness
• mood and temperament
• emotional control
• self control
• self aware
• coping
• impulse management
• problem solving; planning
• judgment
• acts
• assertive
• approach to meeting needs and desires
• accountable
• dependable
• reliable
• trustworthy
• sensible
• settled

5. Parenting and Disciplinary Practices

• Parent/caregiver self perception and attitude about parenting
• Parent/caregiver history of parenting including how parent/caregiver was parented
• Parenting style; awareness and rationale for parenting style
• Parent/caregiver knowledge of child development
• Parent/caregiver perception of the child
• Parent/caregivers recognition of the child’s needs
• Nature of attachment existing between parent/caregiver and child
• Parent/caregiver expressed concern and empathy for the child
• Parent/caregiver tolerance of the child
• Parent/caregiver reaction toward the child; manner of responding
• Interaction between the parent/caregiver and child
• Parent/caregivers manner of expression and communication with the child
• Parent/caregiver alignments; alignment with child
• Parent/caregivers attitudes about; willingness and ability to supervise and protect
• Parent/caregivers ability to accurately identify threats to child safety; recognize danger
• Parent/caregivers ability to defer their own personal needs in favor of the needs of their child
• Parent/caregivers recognition of a child’s need for supervision and protection
• Parent/caregivers perception regarding their responsibility to protect
• Parent/caregivers motivation to protect and meet basic needs
• Parent/caregivers ability to recognize a child’s strengths, needs and limitations
• The nature of child care in terms of providing basic needs compared to the child’s age and his/her extent of self sufficiency
• Parents’/caregivers’ understanding and beliefs about their primary role to assure basic needs and protection
• Parents’/caregivers’ knowledge and skill to provide basic needs
• Parents’/caregivers’ ability to access resources and/or plan how to use resources to meet basic needs
• Type and nature of disciplinary approaches
• Purpose for discipline
• Plan for approaching discipline
• Parents’/caregivers’ self awareness regarding the effectiveness of disciplinary approaches and their reaction(s) toward the child
• Parents’/caregivers’ expectations for the child behavior and response
• Parents’/caregivers’ emotional state related to discipline
• Balance of discipline as a function of parenting compared to other parenting responsibilities
SAFETY APPENDIX 6

THE SAFETY THRESHOLD AND IMPENDING DANGER THREATS TO CHILD SAFETY

The definition for impending danger indicates that threats to child safety are family conditions that are *specific and observable*. A threat of impending danger is something CPS sees or learns about from credible sources. Family members and others who know a family can describe threats of impending danger. These dangerous family conditions can be observed and understood. If CPS cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child’s safety that he or she has seen or been told about then that is an indication that it is not a threat of impending danger. Child vulnerability is always assessed and determined separate from identifying impending danger. If a case does not include a vulnerable child then safety is not an issue.

The **Safety Threshold** refers to the point at which family behaviors, conditions or situations rise to the level of directly threatening the safety of a child. The safety threshold is crossed when family behaviors, conditions or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family behaviors, conditions, or situations are active at a heightened degree, a greater level of intensity, and are judged to be out of the parent/caregiver or family’s control thus having implications for dangerousness.

The safety threshold is the means by which a family condition can be judged or measured to determine if a safety threat exists. The safety threshold criteria includes: family behaviors, conditions or situations that are out-of-control; are severe/extreme in nature; likely to produce severe harm; occurring in the presence of a vulnerable child; are imminent; and are observable, specific and justifiable. The safety threshold includes only those family conditions that are judged to be out of a parent’s/caregiver’s control and out of the control of others within the family. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control.

**Safety Threshold Definitions**

- **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

- **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and
emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

- **Out-of-Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family’s control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.

- **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.

- **Severity** refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition or situation that is out of control. As far as danger is concerned, the safety threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The safety threshold is in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child.

**Impending Danger Threats - Definitions and Examples**

1. **No adult in the home will perform parental duties and responsibilities.**

   This refers only to adults (not children) in a caretaking role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level.

   - Parent's/caregiver's physical or mental disability/incapacitation renders the person unable to provide basic care for the child.
   - Parent/caregiver is or has been absent from the home for lengthy periods of time and no other adults are available to care for the child.
   - Parent/caregiver has abandoned the child.
   - Parents arranged care by an adult, but their whereabouts are unknown or they have not returned according to plan and the current caregiver is asking for relief.
   - A substance abuse problem renders the parent/primary caregiver incapable of routinely/consistently attending to the child's basic needs.
- Parent/caregiver is or will be incarcerated thereby leaving the child without a responsible adult to provide care.
- Parent/caregiver allows the child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child and the parent/caregiver is present or approves.

2. **One or both parents are violent.**

   **Domestic Violence:**
   - Parent/caregiver physically and/or verbally assaults an intimate partner in the presence of the child; the child witnesses the activity, and is fearful for self/others.
   - Parent/caregiver threatens attacks or injures both intimate partner and child.
   - Parent/caregiver threatens, attacks or injures intimate partner and child attempts/may attempt to intervene.
   - Parent/caregiver threatens, attacks or injures intimate partner and the child is harmed even though the child may not be the actual target of the violence.
   - Parent/caregiver consciously uses force, aggression, control or violence to threaten, punish or intimidate.

   **General violence:**
   - Parent/caregiver whose behavior outside of the home (e.g. drugs, violence, aggressiveness, hostility) creates an environment within the home that threatens child safety (e.g. drug parties, gangs, drive-by shootings).
   - Parent/caregiver who is impulsive, explosive or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).

3. **One or both parents cannot control behavior.**

   This threat includes behaviors other than aggression or emotions that affect child safety as illustrated in the following examples.

   - Parent/caregiver is seriously depressed and unable to control emotions or behaviors.
   - Parent/caregiver is chemically dependent and unable to control the effects of the dependency.
   - Parent/caregiver makes impulsive decisions and plans that leave the child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
   - Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
   - Parent/caregiver is emotionally immobilized (chronically or situationally) and cannot control behavior.
   - Parent/caregiver has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers, sex) that are uncontrolled and leave the child in unsafe situations (e.g. failure to supervise or provide basic care)
4. **Child is perceived in extremely negative terms by one or both parents/caregivers.**

“Extremely” is meant to suggest a perception which is so negative that, when present, it creates a child safety concerns. In order for this condition to apply, these types of perceptions must be present and the perceptions must be inaccurate.

- Child is perceived to be the devil, demon-possessed, evil, or deformed, ugly, deficient, or embarrassing.
- Child has taken on the same identity that the parent/caregiver hates and is fearful or hostile towards and the parent/caregiver transfers feeling of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/caregivers' relationship.
- Parent/ caregiver sees the child as an undesirable extension of self and views the child with some sense of purging or punishing.

5. **Family does not have resources to meet basic needs.**

“Basic needs” means shelter, food, and clothing. This includes both the lack of such resources and the lack of capacity to use such resources if they were available.

- Family has no money.
- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.
- Parent/caregiver lacks life management skills to properly use resources when they are available which impacts child safety.
- Family is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their basic needs being adequately met.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g. disability) and the family is unable to adequately address the needs.
6. **One or both parents/caregivers fear they will maltreat child and/or request placement.**

The safety decision-making elements of immediacy, severity, and vulnerability must be considered when evaluating this threat.

- Parent/caregiver state they will maltreat.
- Parent/caregiver describes conditions and situations that stimulate them to think about maltreating the child.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy them in ways that makes them want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.
- Parent/caregiver is distressed or "at the end of their rope" and are asking for relief in either specific ("take the child") or general ("please help me before something awful happens") terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

7. **One or both parents/caregivers intend(ed) to hurt child.**

"Intended" suggests that before or during the time the child was harmed, the parents'/caregivers, conscious purpose was to hurt the child. This should be distinguished from an instance in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt.

- The incident was planned or had an element of premeditation and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level or pain or injury (e.g. cigarette burns) and there is no remorse.
- Parent's/caregiver's motivation is to teach or discipline seems secondary to inflicting pain or injury and there is not remorse.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident and there is no remorse.
- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there was no remorse.
- Parent/caregiver does not acknowledge any guilt or wrongdoing and there was intent to hurt the child.
- Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent/caregiver may feel justified, may express that the child deserved the mistreatment, and they intended to hurt the child.
8. **One or both parents/caregivers lack parenting knowledge, skills, or motivation which affects child safety.**

The safety decision-making elements of immediacy, severity, and vulnerability apply here as well as basic parenting qualities. The judgment is based on the parents/caregivers: 1) lacking the basic knowledge or skills which prevent them from meeting the child’s basic needs, or 2) lacking motivation resulting in abdicating their role to meet basic needs, or 3) failing to adequately perform the parental role to meet the child’s basic needs. This inability and/or unwillingness to meet basic needs creates child safety concerns.

- Parent’s/caregiver’s intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child’s needs and capacity.
- Parent’s/caregiver’s expectations of the child far exceed the child’s capacity thereby placing the child in unsafe situations.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child’s age).
- Parents’/caregivers’ parenting skills are exceeded by a child’s special needs and demands in ways that affect safety.
- Parent’s/caregiver’s knowledge and skills are adequate for some children’s ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver does not want to be a parent and does not perform the role, particularly in terms of basic needs.
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person’s ability or capacity (whether known or unknown).
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the children’s needs thereby affecting the children’s safety.
- Parents/caregivers do not believe the children’s disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children’s safety.
9. There is some indication that the parents/caregivers will flee.

This threat is selected if the facts suggest that the family will hide the child by changing residences, leaving the jurisdiction, or refusing access to the child, and the consequences for the child may be severe and immediate.

- Family is highly transient.
- Family has little tangible attachments (e.g., job, home, property, extended family).
- Parent/caregiver is evasive, manipulative, suspicious.
- There is precedence for avoidance and flight.
- There are or will be civil or criminal complications that the family wants to avoid.
- There are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness).

10. Child has exceptional needs which the parents’/caregivers’ cannot or will not meet.

“Exceptional” refers to specific child conditions (e.g., retardation, blindness, physical disability) which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child’s exceptional needs, will not or cannot meet the child’s basic needs.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/caregiver does not recognize the condition.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition or the safety threat.
- Parent’s/caregiver’s expectations of the child are totally unrealistic in view of the child’s condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child’s condition.

11. Living arrangements seriously endanger a child’s physical health.

This threat refers to conditions in the home which are immediately life-threatening or seriously endangering a child’s physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).

- Housing is unsanitary, filthy, infested, a health hazard.
- The house’s physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
There are natural or man-made hazards located close to the home.
The home has easily accessible open windows or balconies in upper stories.
Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child’s safety.

12. Child shows serious emotional effects of maltreatment and a lack of behavioral control.
Key words are “serious” and “lack of behavioral control.” “Serious” suggests that the child’s condition has immediate implications for intervention (e.g., extreme emotional vulnerability, suicide prevention). “Lack of behavioral control” describes the provocative child who stimulates reactions in others. The safety decision-making elements of immediacy, severity, and vulnerability apply.

- Child threatens suicide, attempts suicide or appears to be having suicidal thoughts.
- Child will run away.
- Child’s emotional state is such that immediate mental health/medical care is needed.
- Child is capable of and likely to self-mutilate.
- Child is a physical danger to others.
- Child abuses substances and may overdose.
- Child is so withdrawn that basic needs are not being met.

13. Child shows serious physical effects of maltreatment.
The key word is “serious,” and suggests that the child’s condition has immediate implications for intervention (e.g., need for medical attention, extreme physical vulnerability).

- Child has severe injuries.
- Child has physical symptoms from maltreatment which require immediate medical treatment (e.g., failure to thrive).
- Child has physical symptoms from maltreatment which require continual medical treatment.

14. Child is fearful of the home situation.
“The home situation” includes specific family members and/or other conditions in the living situation (e.g., frequent presence of known drug users in the household).

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
15. **Child is seen by either parent/caregiver as being responsible for the parents’/primary caregivers’ problems.**

This threat involves situations where a child is blamed for the parents’/caregivers’ problems and this attitude will likely result in a safety concern for the child.

- Child is blamed and held accountable for CPS involvement.
- Parents/caregivers directly associate their problems (e.g., difficulties in their lives, limitations to their freedom, financial or other burdens) to the child.
- Conflicts that parents/primary caregivers experience with others (e.g., family members, neighbors, friends, school, police, CPS) are considered to be the child’s fault.
- Losses the parent/caregiver experiences (e.g., job, relationships) are attributed to the child.

16. **The maltreating parent/caregiver exhibits no remorse or guilt.**

This threat is considered in the context of maltreatment to a child for which parents/primary caregivers do not take responsibility for and/or admit to but present cold, detached, uncaring emotions indicating little to no concern for the physical or emotional distress the child has or is experiencing.

- Parent’s/caregiver’s expressions of regret or sorrow are unbelievable and self-serving.
- Parent’s/caregiver’s regrets are more associated with getting caught than what was done.
- Parent/caregiver indicates a belief that the child deserved what he or she got.
- Parent/caregiver shows no recognition of wrong or inappropriateness.
- Parent/caregiver does not express any empathy toward the child’s condition or injuries.
- Parent/caregiver demonstrates a self-righteous attitude and believes actions were justified.
- Parent/caregiver rationalizes the maltreating behavior as discipline, training or in the child’s best interest.
- Parent/caregiver views the maltreating behavior as a parental right.
17. **One or both parents/caregivers have failed to benefit from previous professional help.**

“Previous professional help” suggests that a record exists and is known. This applies to the parents’/primary caregivers’ adult lives and should relate to current problems that are pertinent to child safety and risk of maltreatment.

- CPS has intervened before in respect to similar or exactly the same parental behavior that is currently threatening safety, yet there is no indication of change.
- Parents/caregivers have received professional help prior to this incident, and that help was concerned with similar or exactly the same behavior in question. The parent’s/caregiver’s current behavior suggests no change or relapse.
- The parent’s/caregiver’s assertion that they have received help before for these conditions and are rehabilitated does not fit with the current findings.
SAFETY APPENDIX 7

PARENT/CAREGIVER PROTECTIVE CAPACITIES

The following parental protective capacity areas of assessment are related to personal and parenting behavior, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one’s children. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection. They are “strengths” that are specifically associated with one’s ability to perform effectively as a parent in order to provide and assure a consistently safe environment.

Assessment of a parent/caregiver’s capacity to protect a child begins with identifying and understanding how specific safety threats are occurring within the family system. At this point in the case process a worker determines what specific protective capacities are associated with the threats to child safety. The following definitions and examples should be used as a tool in assisting a worker in identifying the specific protective capacities that must be enhanced.

Children are unsafe because of threats to safety that cannot be controlled or mitigated by the parent/caregiver. Together, the worker and family identify strategies to enhance their capacity to provide protection for their child. For ongoing CPS there are three questions to answer which will then direct case planning:

- what is the reason for CPS involvement (safety threats)?
- what must change (protective capacities associated with identified safety threats)?
- how do we get there (case plan directed at enhancing protective capacities)?

Through the family assessment process, the Ongoing Services worker identifies enhanced and diminished parent/caregiver protective capacities. Enhanced protective capacities are strengths that can contribute to and reinforce the change process. Conversely, diminished protective capacities are the focus of the case plan. These are the areas that must change in order for parents/caregivers to resume their role and responsibility to provide protection for their children and create a safe home.

Assessing and understanding parent/caregiver protective capacities is the study and decision-making process that examines and integrates safety concerns into the case plan. It begins with the first meeting with the parents and child and is related to understanding personal and parenting behavior as well as cognitive and emotional characteristics that can be directly associated with being protective of one's children. This assessment is directly related to understanding and managing impending danger threats and correlating those identified threats to diminished parent/caregiver protective capacities. Diminished protective capacities are then addressed in the case plan.
### Parent/Caregiver Protective Capacities

**Behavioral Protective Capacities**
- Has a history of protecting
- Takes action.
- Demonstrates impulse control.
- Is physically able.
- Has and demonstrates adequate skill to fulfill caregiving responsibilities.
- Possesses adequate energy.
- Sets aside her/his needs in favor of a child.
- Is adaptive as a parent/caregiver.
- Is assertive as a parent/caregiver.
- Uses resources necessary to meet the child’s basic needs.
- Supports the child.

**Cognitive Protective Capacities**
- Plans and articulates a plan to protect the child.
- Is aligned with the child.
- Has adequate knowledge to fulfill care giving responsibilities and tasks.
- Is reality oriented; perceives reality accurately.
- Has an accurate perception of the child.
- Understands his/her protective role.
- Is self-aware as a parent/caregiver.

**Emotional Protective Capacities**
- Is able to meet own emotional needs.
- Is emotionally able to intervene to protect the child.
- Is resilient as a parent/caregiver.
- Is tolerant as a parent/caregiver.
- Displays concern for the child and the child’s experience and is intent on emotionally protecting the child.
- Has a strong bond with the child and is clear that the number one priority is the well-being of the child.
- Expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child’s perspective and feelings.

The following definitions and examples are not to be applied as a checklist, but rather provide a framework in which to consider and understand how to direct CPS services to reduce or eliminate threats to child safety by enhancing parent/caregiver protective capacities.

### Definitions and Examples

#### Behavioral Protective Capacities

**The parent/caregiver has a history of protecting**
This refers to a person with many experiences and events in which they have demonstrated clear and reportable evidence of having been protective.
• People who have protected their children in demonstrative ways by separating them from danger; seeking assistance from others; or similar clear evidence.
• Parents/caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.

The parent/caregiver takes action.
This refers to a person who is action-oriented in all aspects of their life.
• People who proceed with a positive course of action in resolving issues.
• People who take necessary steps to complete tasks.

The parent/caregiver demonstrates impulse control.
This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.
• People who think about consequences and act accordingly.
• People who are able to plan.

The parent/caregiver is physically able and has adequate energy.
This refers to people who are sufficiently healthy, mobile and strong.
• People with physical abilities to effectively deal with dangers like fires or physical threats.
• People who have the personal sustenance necessary to be ready and on the job of being protective.

The parent/caregiver has/demonstrates adequate skill to fulfill responsibilities.
This refers to the possession and use of skills that are related to being protective as a parent/caregiver.
• People who can care for, feed, supervise, etc. their children according to their basic needs.
• People who can handle and manage their caregiving responsibilities.

The parent/caregiver sets aside her/his needs in favor of a child.
This refers to people who can delay gratifying their own needs, who accept their children’s needs as a priority over their own.
• People who do for themselves after they’ve done for their children.
• People who seek ways to satisfy their children’s needs as the priority.

The parent/caregiver is adaptive as a caregiver.
This refers to people who adjust and make the best of whatever caregiving situation occurs.
• People who are flexible and adjustable.
• People who accept things and can be creative about caregiving resulting in positive solutions.

The parent/caregiver is assertive as a caregiver.
This refers to being positive and persistent.
• People who advocate for their child.
• People who are self-confident and self-assured.

The parent/caregiver uses resources necessary to meet the child’s basic needs.
This refers to knowing what is needed, getting it, and using it to keep a child safe.
• People who use community public and private organizations.
• People who will call on police or access the courts to help them.

The parent/caregiver supports the child.
This refers to actual and observable acts of sustaining, encouraging, and maintaining a child’s psychological, physical and social well-being.
• People who spend considerable time with a child and respond to them in a positive manner.
• People who demonstrate actions that assure that their child is encouraged and reassured.

Cognitive Protective Capacities

The parent/caregiver plans and articulates a plan to protect the child.
This refers to the thinking ability that is evidenced in a reasonable, well thought out plan.
• People who are realistic in their idea and arrangements about what is needed to protect a child.
• People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.

The parent/caregiver is aligned with the child.
This refers to a mental state or an identity with a child.
• People who think that they are highly connected to a child and therefore responsible for a child’s well-being and safety.
• People who consider their relationship with a child as the highest priority.

The parent/caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.
This refers to information and personal knowledge that is specific to caregiving that is associated with protection.
• People who have information related to what is needed to keep a child safe.
• People who know how to provide basic care which assures that children are safe.

The parent/caregiver is reality oriented; perceives reality accurately.
This refers to mental awareness and accuracy about one’s surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual.
• People who describe life circumstances accurately and operate in realistic ways.
• People who alert to, recognize, and respond to threatening situations and people.
The parent/caregiver has accurate perceptions of the child.
This refers to seeing and understanding a child’s capabilities, needs, and limitations correctly.
- People who recognize the child’s needs, strengths, and limitations. People who can explain what a child requires, generally, for protection and why.
- People who are accepting and understanding of the capabilities of a child.

The parent/caregiver understands his/her protective role.
This refers to awareness….knowing there are certain responsibilities and obligations that are specific to protecting a child.
- People who value and believe it is her/his primary responsibility to protect the child.
- People who can explain what the “protective role” means and involves and why it is so important.

The parent/caregiver is self-aware.
This refers to a parent’s/caregiver’s sensitivity to one’s thinking and actions and their effects on others – on a child.
- People who understand the cause – effect relationship between their own actions and results for their children.
- People who understand that their role as a parent/caregiver is unique and requires specific responses for their children.

Emotional Protective Capacities

The parent/caregiver is able to meet own emotional needs.
This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.
- People who use reasonable, appropriate, and mature/adult-like ways of satisfying their feelings and emotional needs.

The parent/caregiver is emotionally able to intervene to protect the child.
This refers to mental health, emotional energy, and emotional stability.
- People who are doing well enough emotionally that their needs and feelings don’t immobilize them or reduce their ability to act promptly and appropriately with respect to protectiveness.

The parent/caregiver is resilient
This refers to responsiveness and being able and ready to act promptly as a parent/caregiver.
- People who recover quickly from set backs or being upset.
- People who are effective at coping as a parent/caregiver.

The parent/caregiver is tolerant
This refers to acceptance, understanding, and respect in their parent/caregiver role.
• People who have a big picture attitude, who don’t over react to mistakes and accidents.
• People who value how others feel and what they think.

The parent/caregiver displays concern for the child and the child’s experience and is intent on emotionally protecting the child.
This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure.
• People who show compassion through sheltering and soothing a child.
• People who calm, pacify, and appease a child.

The parent/caregiver and child have a strong bond and the parent/caregiver is clear that the number one priority is the child.
This refers to a strong attachment that places a child’s interest above all else.
• People who act on behalf of a child because of the closeness and identity the person feels for the child.
• People who order their lives according to what is best for their children because of the special connection and attachment that exits between them.

The parent/caregiver expresses love, empathy, and sensitivity toward the child.
This refers to active affection, compassion, warmth, and sympathy.
• People who relate to, can explain, and feel what a child feels, thinks and goes through.

Examples of Demonstrated Protectiveness
Judging whether a parent/caregiver is and will continue to be protective can be accomplished by examining specific attributes of the person as identified in the previous definitions and examples. Confirmation of how those attributes are evidenced in real life demonstration will provide confidence regarding the judgment that a parent/caregiver is and will continue to be protective in relation to threats to child safety. Here are examples of demonstrated protectiveness:

The parent/caregiver has demonstrated the ability to protect the child in the past while under similar or comparable circumstances and family conditions.

The parent/caregiver has made appropriate arrangements which have been confirmed to assure that the child is not left alone with the maltreating person. This may include having another adult present within the home that is aware of the protective concerns and is able to protect the child.

The parent/caregiver can specifically articulate a plan to protect the child.

The parent/caregiver believes the child’s story concerning maltreatment or impending danger safety threats and is supportive of the child.
The parent/caregiver is intellectually, emotionally, and physically able to intervene to protect the child.

The parent/caregiver does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.

The parent/caregiver has adequate resources necessary to meet the child’s basic needs which allows for sufficient independence from anyone that might be a threat to the child.

The parent/caregiver is capable of understanding the specific safety threat to the child and the need to protect.

The parent/caregiver has adequate knowledge and skill to fulfill parenting responsibilities and tasks that might be required related to protecting the child from the safety threat. This may involve considering the parent’s/caregiver’s ability to meet any exceptional needs that a child might have.

The parent/caregiver is cooperating with CPS’ safety intervention efforts.

The parent/caregiver is emotionally able to carry out his or her own plan to provide protection and/or to intervene to protect the child; the parent/caregiver is not intimidated by or fearful of whomever might be a threat to the child.

The parent/caregiver displays concern for the child and the child’s experience and is intent on emotionally protecting as well as physically protecting the child.

The parent/caregiver and the child have a strong bond and the parent/caregiver is clear that his/her number one priority is the safety of the child.

The non threatening parent/caregiver consistently expresses belief that the threatening parent/caregiver or person is in need of help and that he or she supports the threatening parent/caregiver getting help. This is the non threatening parent’s/caregiver’s point of view without being prompted by CPS.

While the parent/caregiver is having a difficult time believing the threatening parent/caregiver or person would severely harm the child, he or she describes and considers the child as believable and trustworthy.

The parent/caregiver does not place responsibility on the child for problems within the family or for impending danger safety threats that have been identified by CPS.
SAFETY APPENDIX 8

SAFETY PLAN INFORMATION

**In-home Safety plan** refers to safety management so that safety services, actions, and responses assure a child can be kept safe in his own home. In-home safety plans include activities and services that may occur within the home or outside the home, but contribute to the child remaining home. People participating in in-home safety plans may be responsible for what they do inside or outside the child’s home. An in-home safety plan primarily involves the home setting and the child’s location within the home as central to the safety plan, however, in-home safety plans can also include periods of separation of the child from the home and may even contain an out-of-home placement option such as on weekends (e.g. respite).

**Out-of-home Safety plan** refers to safety management that primarily depends on separation of a child from his home, separation from the safety threats, and separation from parents/caregivers who lack sufficient protective capacities to assure the child will be protected. Out-of-home safety plans can include safety services and actions in addition to separation or out-of-home placement. Out-of-home safety plans should always contain a family interaction plan based on the unique circumstances of each case. Out-of-home safety plans can contain some in-home safety management dimension to them. Out-of-home safety plans can include safety service providers and others concerned with safety management besides the out-of-home care providers.

Safety plans can involve in-home and out-of-home options combined in such a way to assure a child is protected. Depending on how safety threats are occurring within a family, separation may be necessary periodically, at certain times during a day or week or for blocks of time (e.g. day care, staying with grandma on weekends), or all the time until conditions for return home can be met. Therefore, when developing safety plans, CPS scrutinizes when separation is required to assure protection and if combinations of in-home and out-of-home management options may be sufficient to assure protection. Alternatively when CPS determines that only an out-of-home safety plan is appropriate (i.e., child is placed full time) consideration is also given to including in-home safety options/services to provide a bridge for working toward achieving conditions for return and reducing the amount of time that a child is in out-of-home placement.
SAFETY APPENDIX 9

SAFETY SERVICES INFORMATION

Safety Services refers to actions; items and resources provided, supervision identified as part of a safety plan occurring specifically for controlling or managing impending danger threats.

Safety Service Providers refers to anyone who participates as one responsible for safety management within a safety plan. Safety service providers can be professionals, para-professionals, lay persons, volunteers, neighbors or relatives.

Accessibility of Safety Service Providers refers to the extent to which those responsible for safety management are close enough with respect to time and proximity for timely involvement in a safety plan.

Availability of Safety Service Providers refers to whether those responsible for safety management within a safety plan exist in sufficient quantities under the circumstances prescribed by the safety plan.
SAFETY APPENDIX 10

In-home Safety Management Criteria

1. The parents/caregivers must be residing in the home that is an established residence.
2. The home environment must be calm and consistent enough so that safety actions, safety services, and safety service providers can be in the home and providers can be safe.
3. The parents/caregivers are willing:
   a. to accept an in-home safety plan,
   b. to allow safety services to be implemented within the home according to the safety plan, and
   c. to be cooperative with those who are participating in carrying out the safety plan (i.e., safety service providers) within the home.

Criteria for a Sufficient In-Home Safety plan

1. Safety actions, safety services, and safety service providers must be immediately available and accessible.
2. The safety plan must be action oriented to control impending danger threats.
3. The actions and services included as part of a safety plan must have immediate impact with respect to controlling safety threats.
4. Safety plans cannot be based upon promissory commitments from parents/caregivers.
SAFETY APPENDIX 11

Out-of-home Safety Management Criteria

1. Safety threats, as analyzed, are so extreme or occurring within the family in such a way that prevents in-home safety management.
2. A child’s behavior is so provocative or out-of-control that this prevents in-home safety management.
3. The nature of the home environment is so chaotic, unpredictable, or dangerous that it prevents in-home safety management.
4. The parents/caregivers are unwilling to accept an in-home option for the safety plan and are unwilling to accept available providers and other people, resources, or safety services.
5. The parents’/caregivers’ willingness to accept an in-home option for the safety plan cannot be confirmed or relied upon.
APPENDIX E

THE ANGELA RUSSELL CASE

INITIAL ASSESSMENT PRIMARY

FAMILY ASSESSMENT AND CASE PLAN
INITIAL ASSESSMENT - PRIMARY CAREGIVERS

Case Name: Russell, Angela

Case Number: 1234567

Referral Date: 9/30

Date Worker Assigned: 9/30

CHILD INFORMATION

Child Name: Angel Russell

Date of Birth: 7 years old

PARENT INFORMATION

Parental Role Name: Angela Russell

Date of Birth: 24 years old

I. CONTACT

Document the interview protocol, contacts, and meetings related to the completion of the initial assessment.

First Contact

Date - First face-to-face contact with family member: 9/30

Time - First face-to-face contact with family member: 9:15 am

Contacts (include first contact listed above)

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<th>Date/Time</th>
<th>Who</th>
<th>Note Category</th>
<th>Note Type</th>
<th>Case Note ID</th>
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<td>Referral Source</td>
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<tr>
<td>9/30 at 8:50</td>
<td>Ms. Lovato-Angel's first grade teacher</td>
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<td>Collateral Contact</td>
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<td>Angela Russell</td>
<td>HV with mother</td>
<td>School visit- initial contact with child</td>
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<td>10/02 at 10 am</td>
<td>Angela Russell</td>
<td>HV with mother</td>
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II. NARRATIVE FIELDS

A. Maltreatment

Describe the Maltreatment

Describe the maltreatment that occurred. Be specific about the injuries and/or conditions. If the child(ren) received medical attention, describe the findings.

Lack of Supervision. Angela began using methamphetamines within the past two months; she may use them as often as twice or more times a week currently. Angela shows an increasing pattern of attending more to her own needs and interests than to Angel's. Angela has increased her dependence on Brian taking care of Angel on weekends in order for her to be involved in substance use and partying. Angela failed to pick up Angel from Brian's on 9/28. On that evening, Angela was incoherent, agitated, and disoriented. All accounts and symptoms support that Angela was high on methamphetamines that evening. She was unable to care for or provide protection for Angel.

Rating

Maltreatment Rating: 2
Describe the Surrounding Circumstances

Describe the surrounding circumstances accompanying or leading up to the maltreatment. **NOTE:** This narrative section should always include the parents’ explanation of circumstances even if the findings are no maltreatment.

Brian and Angela separated 6 months ago; emotionally devastating effect on Angela; Angela's depression has worsened since the separation. In the past two months, Angela met/became involved with Phil Felder; thinks of him as her boyfriend; Felder has a criminal record (at least been charged). Angela and Phil have questionable friends with questionable lifestyles. Phil Felder has not made himself available for interviews. It is confirmed that he does not reside in the family home. A record check indicates that he was charged with possession and dealing methamphetamines. The charges were dropped. Angela does not admit directly to use of meth; denies Felder's use or distribution; can be concluded that he introduced Angela to the drug and is influential in her using meth.

Brian has Angel bi-monthly week-ends as agreed since separation; past two months Angel has stayed with Brian on most weekends. This increase is due to Angela's partying.

On Saturday 9/27, Angela failed to pick Angel up at Brian's apartment as previously agreed. On 9/28, Angela still had not picked Angel up; had not contacted Brian about changes in plans; and was not accessible by phone when Brian tried to reach her. Brian took Angel home between 5 and 6 pm on Sunday night 9/28. Angela was incoherent, scattered, hyper, sexually aggressive, disoriented physically and socially. She became hostile, was unable to communicate clearly, and was totally unsettled moving from room to room, topic to topic. Brian believed she was on drugs and wanted her to go to the emergency room.

Angela is anxious and afraid of some of her mother's friends that she brings over particularly her mother's boyfriend Phil Felder. She is scared of friends and loud parties and is required to stay in her room when her mother's friends are at the house. There is no indication that any other adults have been abusive toward Angel.

Angela's behavior and inaccessibility as a parent has progressed during the past two months. It has worsened lately as evidenced by the recent incident. Angela denies having any problems; denies use of substances; denies any negative influences by people she is associating with; denies that the events of 9/28 occurred as others describe; denies that Angel's safety is in anyway threatened.

Angela blames Brian for CPS involvement indicating that he is merely mad about her being late to pick up Angel. Angela believes or at least purports to be a responsible mother who is misunderstood and unappreciated.

Rating

Surrounding Circumstances Rating: 2

Safety Assessment

☐ One or both parents/caregivers intend(ed) to hurt the child.
☐ Living arrangements seriously endanger the physical health of the child.
☒ Maltreating parent/caregiver exhibits no remorse or guilt.

B. Family Conditions

1. Child(ren)'s Functioning

Describe the child(ren)'s general functioning and effects of any maltreatment.

<table>
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<th>Child Name</th>
<th>Rating</th>
</tr>
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<tbody>
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<td>3</td>
</tr>
</tbody>
</table>

Description:

Angel Russell is 7 years old and is physically, developmentally age appropriate; bright, does well with her school work. She has become clingy and seems preoccupied and sometimes tense or anxious; gets along well with her peers. Angel was very involved with friends and social with others. It is not uncommon now for her to cling to the teacher's aides at recess or otherwise avoid play. She is fearful of the home situation and, specifically Phil, although that is not fully understood. She assures that he has not hurt her. Her fear is localized around her mother's behavior, others in the home, and the general life situation involving going between her father's and her mother's lives.

Angel is lonely and apprehensive about her mother pulling away from her. She loves her mother and has made several positive descriptive statements about her.

Angel is passive, easy going and compliant. She is motivated to be seen as a good child and to behave. She may be assuming growing responsibility for taking care of routine things for herself such as bathing, breakfast, etc.
Safety Assessment

- Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control.
- Child is fearful of home situation.
- Child shows effects of maltreatment such as serious physical symptoms.

2. Adult's Functioning

Describe each adult's general functioning, daily life management, mental health functioning and substance use. (You may include but not rate pertinent childhood history information.)

<table>
<thead>
<tr>
<th>Parental Role Name</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Russell</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Description:

Angela Russell is rather isolated from any longstanding relationships; father, who sexually abused her, died when she was 14. She has almost no relationship with her mother and states that her mother is crazy and has all kinds of mental health issues. It is confirmed that her mother has a diagnosed mental health condition. Her relationship with her mother is such that she is vigorously opposed to having her involved in this matter.

Angela is depressed which is a problem of some standing worsened by the separation from Angel. She says she has never had any mental health assessments or evaluations but received medication from her physician for depression.

She has some friends at her job, but they seem to be superficial part-time employees that come and go like a revolving door.

Angela thinks that she could be fun and happy but is not because there is no one there to support and encourage her. She feels her "life sucks" and is hopeless and overwhelming. She feels depressed often and describes herself as sometimes being very depressed. Angela is lonely. Her interest in her new friends and Phil feels like all she has now and fits with her desire "to escape." She feels isolated and that no one is helping her with or doing for her all the routine things that she had grown accustomed to. She feels like she missed a part of her life and wants to have fun and "wants to do something" for herself.

Angela is generally disappointed in life. She continues to struggle with separating from Brian. She feels hopeless about her current situation and her future.

She is in denial about her problematic behavior and Angel's situation. She denies using meth or other substances. She denies that Phil and his friends are a negative influence on her as an adult and particularly as a mother.

Angela maintains long standing successful employment at JC Penny's working daily shifts usually from 10-2. She has worked at Penny's for a number of years but relies heavily on Brian for support for the house and household money.

Angela is attractive and presents herself very well (grooming, dress, etc. in terms of work). She communicates effectively. She is relatively passive although occasionally becomes irritated and impatient. She is sufficiently assertive to state her beliefs and positions but also is somewhat fatalistic about limits in her power and capacity to decide and run her life.

She did not complete high school, having dropped out because of her pregnancy with Angel. She appears to be above average in intelligence.

It is not verified through evaluation but appears, from all sources and through descriptions of events and circumstances, that Angela began using meth within the past two months. She likely has used mainly on weekends. Her usage appears to be increasing in frequency and occurrence and she may be using from 2-5 times a week. Although not exaggerated, Angela is showing some meth-related symptoms such as increased depression, fatigue, irritation, confusion about events and people (such as remembering names of people she should be able to account).

Angela is protective of Phil, who is likely providing her with meth, and seems to either know very little about him personally or is keeping him out of CPS intervention.
**Safety Assessment**
- One or both parents/caregivers cannot control behavior.
- One or both parents/caregivers are violent.
- One or both parents/caregivers have failed to benefit from previous professional help.
- There is some indication parents/caregivers may flee.

### 3. Disciplinary Approaches
Describe the disciplinary approaches generally used by the parent and the typical context within which they are used.

<table>
<thead>
<tr>
<th>Parental Role Name</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Russell</td>
<td>2.5</td>
</tr>
</tbody>
</table>

**Description:**

Angela is adamant that she does not need to discipline Angel. She states that she is a good kid who does not require any punishment. Angela personally defines discipline as punishment (grounding, spanking, time-outs, etc.).

There is no evidence that Angela is able to individualize the specific strengths, limitations, or needs of Angel. Angela does not perceive any responsibility for seeking and setting boundaries or limits, etc. In the past, Angela has been described as having provided proper structure and consistent routine in the household, much less so now.

### 4. Parenting Practices
Describe the parents' general parenting practices (nurturing, limit setting, protectiveness, provision of basic care, etc.).

<table>
<thead>
<tr>
<th>Parental Role Name</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Russell</td>
<td>2</td>
</tr>
</tbody>
</table>

**Description:**

Angela describes Angel as a good girl but cannot or does not expand much further that that when asked to describe her daughter. She does not view Angel as a problem and does not think that she is in any way responsible for her problems or the current situation. Angela has had some problem with the adjustment to becoming a single parent and all the added tasks that have been thrown upon her. She describes it as being much more stressful mostly because there is no help and talked more about the things that Brian used to do than what she does now. Angela used to work full time at JC Penny's and now she can't because she has to do all the additional parenting things that were covered by Brian. She feels like she has "always been a mom" and can not remember what life was like when she was without having to do everything. She feels like she lost a part of her growing up years to parent Angel. Angela believes that children who are 7 are for the most part self-contained and can take care of themselves. She believes that all children do at that age is watch tv and cartoons and that is why she bought the tv for Angel to have in her room.

Angela was unaware and did not understand why Angel was often scared in their home and was generally worried about her well-being. She does describe her daughter in positive and endearing terms. She perceives her as a good child and seems to love her. Angela's parenting knowledge and skill has not been an issue until the last two months or so. There has been no past CPS involvement in the last 7 years.

Angela denies that she has become less accessible to Angel and is generally insensitive to or out of touch with how Angel is doing and feeling. She does not acknowledge that her self-interests and current behavior have any relationship to Angel's safety or well-being.
5. **Family's Functioning**

Describe the family's general functioning, strengths, and current stresses. Consider the family's cultural context. Angela has in the past shown an ability to parent Angel. She is clearly attached to Angel and Angel is attached to her mother. Angela describes their family as being "really close before Brian left." She, Brian, and Angel used to enjoy spending time at the playground at the elementary school, but she is too tired to take Angel anywhere anymore. She talks a great deal about what a good girl Angel is but seems unable to describe her daughter's day to day activities. She is able to talk knowledgably about Angel's infancy but seems disconnected since Brian left. The family does not currently have any predictable daily routine. Angela seems very stressed by her current situation but doesn't have any insight into how she got here or how things should change.

**Rating**

Family's Functioning Rating: 

2

### III. CONCLUSIONS

**Risk and Safety**

**Risk Ratings by Category**

Enter the rating for each category. If there is more than one rating, enter the highest.

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maltreatment</td>
<td>2</td>
</tr>
<tr>
<td>Circumstances</td>
<td>2</td>
</tr>
<tr>
<td>Child Functioning</td>
<td>3</td>
</tr>
<tr>
<td>Adult Functioning</td>
<td>1.5</td>
</tr>
<tr>
<td>Parenting - Discipline</td>
<td>2.5</td>
</tr>
<tr>
<td>Parenting - General</td>
<td>2</td>
</tr>
<tr>
<td>Family's Functioning</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total** 15

**Risk Level Based On Rating Total**

Based on the rating total, the level of family problems associated with risk are:

- **High** (21 to 28)
- **Significant** (14 to 20.9)
- **Moderate** (7 to 13.9)
- **Minimal to Low** (0 to 6.9)

**Safety Assessment and Conclusion:**

Yes ☒ No ☐ One or more factors that negatively affect safety.

Date of Safety Assessment: 10/31

If the answer to the above is "NO", then the child(ren) is/are safe. Proceed only with required documentation of contacts, interview, content or observations, and supervisory approval.

If the answer to the above is "YES", then the child(ren) may be unsafe. Proceed to the Safety Assessment and Planning to consider the parent/caregiver protective capacities and the need to control for safety.

### V. ASSESSMENT RESULTS

<table>
<thead>
<tr>
<th>Alleged Victim</th>
<th>Relationship of alleged maltreater to victim</th>
<th>A/N Code</th>
<th>Assessment Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angel</td>
<td>Parent</td>
<td>neglect</td>
<td>substantiated</td>
</tr>
</tbody>
</table>
VI. DISPOSITION

☐ Case Closed

☐ Child(ren) Safe
☐ Child(ren) Safe - Referred to Community Services
☐ Clients Unavailable or Cannot be Located
☐ Family Refuses Services - No Court Jurisdiction

☒ Case Opened

☐ Case opened for on-going CPS services: Voluntary
☒ Case opened for on-going CPS services: Petitioned
☐ Case opened for non-CPS services
☐ Case currently open for on-going CPS services: Voluntary
☐ Case currently open for on-going CPS services: Petitioned
☐ Case opened - BMCW safety services

VII. CLOSING SUMMARY / SUPERVISOR COMMENTS

Include any referral to community resources that were made:
N/A

VIII. FAMILY SUPPORT NETWORK

If case is to be:
• opened for services, complete the following narrative.
• closed, proceed to IX. CORRESPONDENCE below.

Support Network
Describe the family's support network, taking into account the family's cultural context.
Angela has no support from her mom and doesn't think she could be a resource to her or Angel in the future.
Brian has Angel for weekends but does not provide care on a day to day basis. Angela has few supports other than Brian.

IX. CORRESPONDENCE

Mandated Reporter
☒ Not applicable (non-mandated reporter)

Date mandated reporter given feedback:

Relative Reporter
☐ Not applicable
☐ Documented request for information received from relative reporter:
☒ Date letter sent: 11/01
OR
Date of Court Order Barring Disclosure:

Substantiation Notification
☐ Not applicable

Date Notice of Child Maltreatment Determination and Right to Appeal Letter sent: 11/01

Licensing Notification
☐ Not applicable

Date Licensing/Regulatory Agency notified:
<table>
<thead>
<tr>
<th>Name - Worker</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SIGNATURE</strong> - Worker</td>
<td>Date Signed</td>
</tr>
<tr>
<td>Name - Supervisor</td>
<td></td>
</tr>
<tr>
<td><strong>SIGNATURE</strong> - Family Member</td>
<td>Date Signed</td>
</tr>
</tbody>
</table>
## SAFETY ASSESSMENT

<table>
<thead>
<tr>
<th>Name - Reference Person</th>
<th>Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Russell</td>
<td>1234567</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name - Assessed Family</th>
<th>Date of Safety Assessment and Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell</td>
<td>October 31</td>
</tr>
</tbody>
</table>

### I. Safety Threats

1. ☒ Yes ☐ No  No adult in the home will perform parental duties and responsibilities.

2. ☐ Yes ☒ No  One or both parents/caregivers are violent.

3. ☒ Yes ☐ No  One or both parents/caregivers cannot control behavior.

4. ☐ Yes ☒ No  Child is perceived in extremely negative terms by one or both of the parents/caregivers.

5. ☐ Yes ☒ No  Parents/caregivers do not have resources to meet basic needs.

6. ☐ Yes ☒ No  One or both parents/caregivers fear they will maltreat child and/or request placement.

7. ☐ Yes ☒ No  One or both parents/caregivers intend(ed) to hurt child and do not show remorse.

8. ☒ Yes ☐ No  One or both parents/caregivers lack knowledge, skill, motivation in parenting which affects the child's safety.

9. ☐ Yes ☒ No  There is some indication parents/caregivers will flee.

10. ☐ Yes ☒ No  Child has exceptional needs which parent/caregiver cannot/will not meet.

11. ☒ Yes ☐ No  Living arrangements seriously endanger the physical health of the child.

12. ☐ Yes ☒ No  Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control.

13. ☒ Yes ☐ No  Child shows effects of maltreatment, such as serious physical symptoms.

14. ☒ Yes ☐ No  Child is fearful of home situation.

15. ☐ Yes ☒ No  Child is seen by either parent/caregiver as responsible for the parent's / caregiver's problems.

16. ☒ Yes ☐ No  Maltreating parent/caregiver exhibits no remorse or guilt.

17. ☐ Yes ☒ No  One or both parents/caregivers have failed to benefit from previous professional help.

### II. Safety Assessment and Conclusion

☒ Yes ☐ No  One or more factors that negatively affect safety are identified.

If the answer to the above question is "NO", then the child is safe. Proceed only with the required documentation of contacts, interview content or observations, and supervisory approval.

If the answer to the above question is "YES", then the child may be unsafe. Proceed with the Safety Assessment and Planning to consider the parent/caregiver protective capacities and the need to control for safety.
SAFETY ANALYSIS AND PLAN

Case Name  
Angela Russell

Case Number  
1234567

Report Date  
October 31

Worker Name  
Bailey

A. Safety Factor Description

Specifically describe the family conditions that support the safety factors identified. If any evaluations such as psychological, medical or AODA evaluations are needed to understand the conditions that affect safety, describe those here. List threat and description.

Maltreating parent exhibits no remorse or guilt:

Angela blames Brian for the CPS involvement indicating that he is merely mad about her being late to pick up Angel. She believes, or at least purports to be, a responsible parent who is misunderstood and unappreciated. She is in denial about her behavior and the impact on Angel. She denies using meth or any other substances. She doesn’t believe that Phil or his friends are a negative influence on her as an adult or a mother and doesn’t believe that Angel is impacted by them coming in and out of the home.

No adult in the home will perform parental duties and responsibilities:

Angela has been progressively less able to assure Angel is supervised and protected due to the use of methamphetamine and emotional problems. She has been unavailable to Angel when she has friends in the home “partying.” No other adult resides in the home.

One/both parents/caregivers lack knowledge, skill, motivation in parenting which affects the child’s safety:

Ms. Russell does not fulfill her responsibility for providing and assuring that the basic care and protection of Angel are being met due to her depression, methamphetamine use and failure to adequately supervise or provide supervision when she is “partying” with friends. In addition, Ms. Russell’s substance use affects her physical and emotional capacity to effectively meet Angel’s needs and assure her protection.

Ms. Russell’s impulsive use of substances and inability to set aside her own needs in order to meet the needs of Angel results in Angel being left improperly supervised or unsupervised.

Angel is seven years old and requires daily and vigilant supervision and assistance to meet her daily care and protection. Ms. Russell’s perception of child development is such that she believes Angel is mature enough to be self-sufficient and can care for herself. Angela is in denial that the lack of supervision can result in severe effects.

One or both parents/caregivers cannot control behavior:

Various sources of information including observations and interview information confirm that Angela is using meth, perhaps as much as 2-5 times a week. She denies it; she is drawn to the lifestyle and shows symptoms of meth use both when high and when coming down. She is in denial, doesn’t see the danger or consequences, and is not motivated to behave differently.

Child is fearful of the home situation:

Angel reports a genuine fear and anxiety about her home situation. Angel is lonely and scared when Ms. Russell is using meth and partying with friends in the house. She is afraid of the yelling and screaming. She is afraid of the yelling because she does not know if it might be her mother who is getting hurt. Angel is afraid of her mother’s friends who routinely frequent the house. Angel is not able to explicitly describe why she is afraid of Phil Felder, but she expresses dislike and anxiety concerning him.

Parenting behaviors and family conditions that are described above are pervasive, appear to be occurring frequently per week, the negatives in the family are unpredictable, and certain to continue without CPS intervention.
### B. Parent/Caregiver Protective Capacity

Can and will the non-maltreating parent or another adult in the home protect the child(ren)?

- [ ] Yes
- [x] No
- [ ] N/A

If you answer "YES," describe how the parent's/caregiver's protective capacities can and will manage the identified safety threats. This justification demonstrates that the child is safe and no further safety intervention is needed. If you answer "NO," continue with analysis and planning.

### C. Analysis

1. Can in-home services work for this family?

   - [ ] Yes
   - [x] No

   The parents are willing for services to be provided and will cooperate with service providers.

   The home environment is calm enough for services to be provided and for the service providers to be in the home safely.

   Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations.

   Parents/caregivers are residing in the home.

2. Safety Services

   The Identified Safety Threat and the associated Safety Service/Action Type, Safety Service Provider and the specific explanation of the safety service/action and how it will control the threat identified are listed below:

<table>
<thead>
<tr>
<th>Identified Safety Threat</th>
<th>Safety Service/Action</th>
<th>Safety Service Provider</th>
<th>Specifically explain the safety service/action and how it will control the threat identified.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maltreating Parent/caregiver exhibits no remorse or guilt.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is fearful of home situation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One or both parents/caregivers cannot control behavior.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No adult in the home will perform parental duties and responsibilities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One or both parents/caregivers lack knowledge, skill, motivation in parenting which affects the child’s safety.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Can available resources keep the child(ren) safe in his/her home?

   - [ ] Yes
   - [ ] No

   All needed services/activities exist

   All needed services/activities/providers are currently available at the level/time required.
D. Comments (Including Trial Reunification plan, if applicable, and any other pertinent information)

E. Signatures

SIGNATURE - Family Member  Date Signed

SIGNATURE - Family Member  Date Signed

SIGNATURE - Family Member  Date Signed

Name - Worker

SIGNATURE - Worker  Date Signed

Name - Supervisor

SIGNATURE - Family Member  Date Signed
PROFESSIONAL DEVELOPMENT PLAN

Name of Training: ____________________________

Name of Case Manager: ____________________________  Date: ___________

Telephone Number: ____________________________  Region: ___________

Name of Supervisor: ____________________________  Agency: ___________

Telephone Number: ____________________________

LEARNING OBJECTIVE(S) SELECTED – CHOOSE FROM HANDOUT:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Plan to incorporate techniques, skills, concepts, etc. into current workload. Please make plan case specific and include timelines, details, and steps needed prior to completing implementation.

Identify any barriers to the implementation of this skill, concept, technique, etc. and plan to overcome barrier:

Staff Signature: ____________________________  Completion Date: ___________

Supervisor Signature: ____________________________

Comments:
# Training and Development Tracker (TDT)

## Adoption & OHC

**Employee Name:** ________________________________  
**Date of Hire:** __________

---

<table>
<thead>
<tr>
<th>Region ___</th>
</tr>
</thead>
</table>

**Hierarchical Competencies**

- **Pre-Service** (must be completed before initial case assignment)
  - Wisconsin
  - HIPPA
  - Intro to BMCW
  - Cultural Competence
  - Intro to OCM
  - Intro to CST
  - Court Preparedness
  - Online Pre-service
  - Professionalism in F-C CPC
  - Safety Foundation
  - Safety Intervention in Child Welfare
  - CFI Facilitation
  - Professional Practice
  - Methodist Clinical Practice
  - Early Intervention
  - Advanced Ethics
  - Child Sexual Abuse
  - Domestic Violence
  - Mental Health
  - Safety Intervention in Ongoing Services (PCFA)
  - CST Facilitation
  - Parenting
  - Child Sexual Abuse
  - Domestic Violence
  - Mental Health
  - PCFA Practicum
  - UCAP Series
  - W2 Collaboration

**Progressive Competencies**

- **Tier One Foundation** (must be completed within 9 months)
  - Pre-Service (must be completed before initial case assignment)

**Professional Development Plans**

- **Goal #1**: Date Achieved __________
  - Activity: ________________________________
  - Activity: ________________________________
  - Activity: ________________________________

- **Goal #2**: Date Achieved __________
  - Activity: ________________________________
  - Activity: ________________________________

- **Goal #3**: Date Achieved __________
  - Activity: ________________________________
  - Activity: ________________________________

---

**Learning Style Inventory**

- Primary: __________
- Secondary: __________

**Work Style Inventory**

- Primary: __________
- Secondary: __________

---

This is a tracker for training and development in Adoption & OHC. It includes both pre-service and progressive competencies, as well as professional development plans. The tracker is organized into different regions and includes a variety of topics relevant to the field.
# Training and Development Tracker (TDT)

**Employee Name:** ________________________________  
**Date of Hire:** ________________  
**Region ____**

<table>
<thead>
<tr>
<th>Pre-Service (must be completed before initial case assignment)</th>
<th>Tier One Foundation (must be completed within 6 mos)</th>
<th>Tier Two (must complete within 18 months)</th>
<th>Continuing Education in Child Welfare</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Professional Development Plans</th>
</tr>
</thead>
</table>

**Goal #1**

<table>
<thead>
<tr>
<th>Activity:</th>
<th>Date Achieved:</th>
<th>Learning Style Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Primary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary</td>
</tr>
</tbody>
</table>

**Goal #2**

<table>
<thead>
<tr>
<th>Activity:</th>
<th>Date Achieved:</th>
<th>Work Style Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Primary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary</td>
</tr>
</tbody>
</table>

**Goal #3**

<table>
<thead>
<tr>
<th>Activity:</th>
<th>Date Achieved:</th>
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<tbody>
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</tr>
</tbody>
</table>
# Training and Development Tracker (TDT)

**Employee Name:** ________________________________

**Date of Hire:** ____________

**Region:** ___

<table>
<thead>
<tr>
<th>Ongoing Case Management</th>
<th>Region ___</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wisacwis</strong></td>
<td></td>
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<tr>
<td><strong>HIPPA</strong></td>
<td></td>
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<tr>
<td><strong>Intro to BMCW</strong></td>
<td></td>
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<tr>
<td><strong>Cultural Competence</strong></td>
<td></td>
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<tr>
<td><strong>Intro to OCM</strong></td>
<td></td>
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<tr>
<td><strong>Intro to CST</strong></td>
<td></td>
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<tr>
<td><strong>Court Preparedness</strong></td>
<td></td>
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<tr>
<td><strong>Online Pre-service</strong></td>
<td></td>
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<tr>
<td><strong>Professionalism in F-C CPC</strong></td>
<td></td>
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<tr>
<td><strong>Legal Aspects</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Engaging to Build Trusting Relationship</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Interviewing in Child Welfare</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td></td>
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<tr>
<td><strong>Safety Foundation</strong></td>
<td></td>
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<tr>
<td><strong>Safety Intervention in Ongoing Services (PCFA)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CST Facilitation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Practicum</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Separation, Placement &amp; Permanency</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Effects of Maltreatment in Child Welfare</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Case Practice with American Indian Tribes</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Advanced Ethics</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Child Sexual Abuse</strong></td>
<td></td>
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<tr>
<td><strong>Domestic Violence</strong></td>
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<tr>
<td><strong>Mental Health</strong></td>
<td></td>
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<tr>
<td><strong>PCFA Practicum</strong></td>
<td></td>
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<tr>
<td><strong>UCAP Series</strong></td>
<td></td>
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<tr>
<td><strong>W2 Collaboration</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Service (must be completed before initial case assignment)</th>
<th>Tier One Foundation (must be completed within 3 months)</th>
<th>Tier Two (must be completed within 18 months)</th>
<th>Continuing Education in Child Welfare</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## Professional Development Plans

**Goal #1**

Activity: ____________________________________________

**Goal #2**

Activity: ____________________________________________

Activity: ____________________________________________

**Goal #3**

Activity: ____________________________________________

Activity: ____________________________________________

<table>
<thead>
<tr>
<th>Date Achieved</th>
<th>Learning Style Inventory</th>
<th>Work Style Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td></td>
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<tr>
<td></td>
<td>Secondary</td>
<td></td>
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<tr>
<td></td>
<td>Primary</td>
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<tr>
<td></td>
<td>Secondary</td>
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<tr>
<td></td>
<td>Primary</td>
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<td></td>
<td>Secondary</td>
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<tr>
<td></td>
<td>Primary</td>
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<td></td>
<td>Secondary</td>
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<tr>
<td></td>
<td>Primary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
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</tr>
<tr>
<td>Pre- Service</td>
<td>Tier One Foundation</td>
<td>Tier Two</td>
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<tr>
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</tbody>
</table>

### Professional Development Plans

**Goal #1**

- Activity: 
- Activity:

**Goal #2**

- Activity: 
- Activity:

**Goal #3**

- Activity: 
- Activity:
### Transfer of Learning Principles

<table>
<thead>
<tr>
<th>Before Learning</th>
<th>During Learning</th>
<th>After Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisors</strong></td>
<td><strong>Trainers</strong></td>
<td><strong>Leaders</strong></td>
</tr>
<tr>
<td>Understand the performance criteria.</td>
<td>Fulfill and implement the results of the performance evaluation.</td>
<td>Facilitate behavior change by focusing participants to develop or adopt the change needed to achieve the desired organizational goals.</td>
</tr>
<tr>
<td>Establish and appraise ongoing effectiveness.</td>
<td>Provide the skills, knowledge, and appropriate job aids.</td>
<td>Develop the skills, knowledge, and appropriate job aids.</td>
</tr>
<tr>
<td>Support and encourage learners.</td>
<td>Conduct training to establish skills.</td>
<td>Conduct training to establish skills.</td>
</tr>
<tr>
<td><strong>Leaders</strong></td>
<td>** Learners**</td>
<td><strong>Others</strong></td>
</tr>
<tr>
<td>Facilitate and implement behavior change.</td>
<td>Participate in the action phase of the bridging learning.</td>
<td>Complete the learning objectives.</td>
</tr>
<tr>
<td>Learn to observe and analyze.</td>
<td>Participate in the action phase of the bridging learning.</td>
<td>The officers of the service accomplish.</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td><strong>Trainers</strong></td>
<td><strong>Leaders</strong></td>
</tr>
<tr>
<td>Participate in the action phase of the bridging learning.</td>
<td>Provide the skills, knowledge, and appropriate job aids.</td>
<td>Facilitate behavior change by focusing participants to develop or adopt the change needed to achieve the desired organizational goals.</td>
</tr>
</tbody>
</table>

APPENDIX G

PROTOCOL FOR EVALUATION OF COORDINATED SERVICE TEAM MEETINGS
Protocol for Evaluation of Coordinated Service Team Meetings

PRODUCED FOR THE BUREAU OF MILWAUKEE CHILD WELFARE
BY
THE MILWAUKEE CHILD WELFARE PARTNERSHIP FOR PROFESSIONAL DEVELOPMENT

Michelle Dondlinger and Matthew Gebhardt

September 2007
<table>
<thead>
<tr>
<th>Description of the Practice Performance</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Optimal Mentality.</strong> The facilitator has an excellent understanding of the benefits of teaming and always acknowledges the ultimate goal as being engagement and self determination. The facilitator is completely knowledgeable in strategies to overcome the barriers to teaming. The facilitator understands and consistently supports the value base of teaming within the family centered approach to child welfare; including facilitation that emphasizes a strength based, family focused approach. The facilitator accurately focuses the CST on child safety and permanency. The facilitator does an outstanding job articulating the history and importance of teaming as it evolved as a practice approach.</td>
<td>6</td>
</tr>
<tr>
<td><strong>Good Mentality.</strong> The facilitator has a sufficient understanding of the benefits of teaming and frequently acknowledges the ultimate goal as being engagement and self determination. The facilitator is acceptably knowledgeable in strategies to overcome the barriers to teaming. The facilitator understands and repeatedly supports the value base of teaming within the family centered approach to child welfare; including facilitation that emphasizes a strength based, family focused approach. The facilitator appropriately focuses the CST on child safety and permanency. The facilitator does a careful job articulating the history and importance of teaming as it evolved as a practice approach.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Fair Mentality.</strong> The facilitator has a general understanding of the benefits of teaming and occasionally acknowledges the ultimate goal as being engagement and self determination. The facilitator is somewhat knowledgeable in strategies to overcome the barriers to teaming. The facilitator understands and partially supports the value base of teaming within the family centered approach to child welfare; including facilitation that emphasizes a strength based, family focused approach. The facilitator sporadically focuses the CST on child safety and permanency. The facilitator does an adequate job articulating the history and importance of teaming as it evolved as a practice approach.</td>
<td>4</td>
</tr>
<tr>
<td><strong>Marginal Mentality.</strong> The facilitator has a limited understanding of the benefits of teaming and randomly acknowledges the ultimate goal as being engagement and self determination. The facilitator is minimally knowledgeable in strategies to overcome the barriers to teaming. The facilitator arbitrarily supports the value base of teaming within the family centered approach to child welfare. The facilitator inconsistently focuses the CST on child safety and permanency. The facilitator does a marginal job articulating the history and importance of teaming as it evolved as a practice approach.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Poor Mentality.</strong> The facilitator has a convoluted understanding of the benefits of teaming and rarely acknowledges the ultimate goal as being engagement and self determination. The facilitator’s knowledge of strategies to overcome the barriers to teaming is reduced. The facilitator seldom supports the value base of teaming within the family centered approach to child welfare. The facilitator rarely focuses the CST on child safety and permanency. The facilitator does a poor job articulating the history and importance of teaming as it evolved as a practice approach.</td>
<td>2</td>
</tr>
<tr>
<td><strong>Adverse Mentality.</strong> The facilitator fails to understand the benefits of teaming and is unable to acknowledge the ultimate goal as being engagement and self determination. The facilitator’s knowledge of strategies to overcome the barriers to teaming is lacking. The facilitator never supports the value base of teaming within the family centered approach to child welfare. The facilitator fails to focus the CST on child safety and permanency. The facilitator does an erroneous job articulating the history and importance of teaming as it evolved as a practice approach.</td>
<td>1</td>
</tr>
</tbody>
</table>
## Description of the Practice Performance

<table>
<thead>
<tr>
<th>Rating Level</th>
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<tbody>
<tr>
<td><strong>Optimal Preparation.</strong> The facilitator thoroughly familiarizes him/herself with the case file and has an excellent understanding of why the family is involved with child protective services. The facilitator accurately explains the purpose, process and importance of the meeting to the family prior to the meeting. The facilitator diligently identifies potential team members with the family. The facilitator consistently schedules the team meeting at a time that is most convenient to the family and secures a location that best fits the needs of the team. The facilitator attentively mails invite letters to all team members at least two weeks in advance. The facilitator always prepares a written agenda.</td>
<td>6</td>
</tr>
<tr>
<td><strong>Good Preparation.</strong> The facilitator carefully familiarizes him/herself with the case file and has a sufficient understanding of why the family is involved with child protective services. The facilitator properly explains the purpose, process and importance of the meeting to the family prior to the meeting. The facilitator repeatedly identifies potential team members with the family. The facilitator frequently schedules the team meeting at a time that is most convenient to the family and secures a location that best fits the needs of the team. The facilitator actively mails invite letters to all team members at least two weeks in advance. The facilitator regularly prepares a written agenda.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Fair Preparation.</strong> The facilitator moderately familiarizes him/herself with the case file and has a general understanding of why the family is involved with child protective services. The facilitator adequately explains the purpose, process and importance of the meeting to the family prior to the meeting. The facilitator occasionally identifies potential team members with the family. The facilitator sometimes schedules the team meeting at a time that is most convenient to the family and secures a location that best fits the needs of the team. The facilitator mails invite letters to all team members within a reasonable time frame. The facilitator sporadically prepares a written agenda.</td>
<td>4</td>
</tr>
<tr>
<td><strong>Marginal Preparation.</strong> The facilitator minimally familiarizes him/herself with the case file and has a limited understanding of why the family is involved with child protective services. The facilitator apathetically identifies potential team members with the family. The facilitator randomly schedules the team meeting at a time and place that may or may not be convenient to the family. The facilitator mails invite letters to all team members within a limited time frame. The facilitator prepares a marginal written agenda.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Poor Preparation.</strong> The facilitator rarely familiarizes him/herself with the case file and only has a vague understanding of why the family is involved with child protective services. The facilitator seldom explains the purpose, process and importance of the meeting to the family prior to the meeting. The facilitator rarely identifies potential team members with the family. The facilitator unpredictably schedules team meetings. The facilitator mails invite letters to team members but does so within an inadequate time frame. The facilitator prepares an unclear agenda.</td>
<td>2</td>
</tr>
<tr>
<td><strong>Adverse Preparation.</strong> The facilitator never familiarizes him/herself with the case file and is unable to understand why the family is involved with child protective services. The facilitator fails to explain the purpose, process and importance of the meeting to the family prior to the meeting. The facilitator lacks the ability to identify potential team members with the family. The facilitator never mails invite letters to team members or prepares an agenda in advance.</td>
<td>1</td>
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<thead>
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<tr>
<td><strong>Optimal Introduction.</strong> The facilitator demonstrates an excellent use of self in a warm, empathetic, and respectful manner. The facilitator introduces him/herself in a warm but business like manner and comfortably elicits the introduction of team members. All members are offered the opportunity to state what role they play in the team process and whether or not they are a formal, informal, or natural support. The facilitator does a superb job addressing consent forms and confidentiality in relation to his/her perspective agency policies. The facilitator establishes ground rules and concisely articulates the purpose of the meeting. The facilitator clearly and accurately communicates to the team, the family’s central role in the teaming process, conveys to the family the importance of their full participation, and consistently checks for client understanding.</td>
<td>6</td>
</tr>
<tr>
<td><strong>Good Introduction.</strong> The facilitator demonstrates a substantial use of self in a warm, empathetic, and respectful manner. The facilitator is fair, business like in his/her introduction and easily elicits the introduction of other team members. All members are offered the opportunity to state what role they play in the team process and whether or not they are a formal, informal, or natural support. The facilitator does a sufficient job addressing consent forms and confidentiality in relation to his/her perspective agency policies. The facilitator establishes ground rules and succinctly articulates the purpose of the meeting. The facilitator appropriately and acceptably communicates to the team the family’s central role in the teaming process, conveys to the family the importance of their full participation, and frequently checks for client understanding.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Fair Introduction.</strong> The facilitator demonstrates a reasonable use of self in a warm, empathetic, and respectful manner. The facilitator is fairly business like in his/her introduction and uncertainly elicits the introduction of other team members. All members are offered the opportunity to state what role they play in the team process and whether or not they are a formal, informal, or natural support. The facilitator does a fair job addressing consent forms and confidentiality in relation to his/her perspective agency policies. The facilitator establishes ground rules and briefly articulates the purpose of the meeting. The facilitator adequately communicates to the team the family’s central role in the teaming process, conveys to the family the importance of their full participation, and occasionally checks for client understanding.</td>
<td>4</td>
</tr>
<tr>
<td><strong>Marginal Introduction.</strong> The facilitator demonstrates a marginal use of self. The facilitator and team members arbitrarily introduce themselves. Some members are offered the opportunity to state what role they play in the team process and whether or not they are a formal, informal, or natural support. The facilitator inconsistently addresses consent forms and confidentiality in relation to his/her perspective agency policies. The facilitator randomly establishes ground rules and articulates the purpose of the meeting. The facilitator is limited in communicating to the team the family’s central role in the teaming process, conveying to the family the importance of their full participation, and checking for client understanding.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Poor Introduction.</strong> The facilitator demonstrates a poor use of self. The facilitator and team members rarely introduce themselves or are offered the opportunity to state what role they play in the team process. The facilitator vaguely addresses consent forms and confidentiality. The facilitator inappropriately establishes ground rules and the purpose of the meeting is unclear. The facilitator is seldom able to communicate to the team the central role of the family in the teaming process or check for client understanding.</td>
<td>2</td>
</tr>
<tr>
<td><strong>Absent or Adverse Introduction.</strong> The facilitator has either not performed an introduction or has performed a problematic introduction that does not address consent forms, confidentiality, ground rules or purpose. The facilitator is never able to communicate to the team the central role of the family in the teaming process and fails to check for client understanding.</td>
<td>1</td>
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</table>
### Description of the Practice Performance

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<thead>
<tr>
<th>Rating Level</th>
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<tbody>
<tr>
<td><strong>6</strong> Optimal Engagement Efforts.**</td>
<td>The facilitator approaches the family with respect and empathy and modifies their engagement style in a very specific manner in order to allow for family and cultural differences. The facilitator does an excellent job of affirming the story from the perspective of the client and recognizing the client’s right to self determination. The facilitator diligently works to empower the clients by reassuring them that they have choices and are able to collaborate on planning; including encouragement of parent/guardians in being assertive in communication and emphasizing self-worth. The facilitator consistently uses reflective listening techniques and engages the family around concerns for the health, safety, permanency, and well-being of the child and family. The facilitator allows the parent/guardians an <strong>extensive</strong> role in decision making.</td>
</tr>
<tr>
<td><strong>5</strong> Good Engagement Efforts.</td>
<td>The facilitator approaches the family predominantly with respect and empathy and modifies their engagement style in a very detailed manner in order to allow for family and cultural differences. The facilitator does a <strong>sufficient</strong> job of affirming the story from the perspective of the client and recognizing the client’s right to self determination. The facilitator conscientiously works to empower the clients by reassuring them that they have choices and are able to collaborate on planning; including encouragement of parent/guardians in being assertive in communication and emphasizing self-worth. The facilitator <strong>frequently</strong> uses reflective listening techniques and engages the family around concerns for the health, safety, permanency, and well-being of the child and family. The facilitator allows the parent/guardians a <strong>substantial</strong> role in decision making.</td>
</tr>
<tr>
<td><strong>4</strong> Fair Engagement Efforts.</td>
<td>The facilitator generally approaches the family with respect and empathy and modifies their engagement style in a very general manner in order to allow for family and cultural differences. The facilitator does a <strong>reasonable</strong> job of affirming the story from the perspective of the client and recognizing the client’s right to self determination. The facilitator partially works to empower the clients by reassuring them that they have choices and are able to collaborate on planning; including encouragement of parent/guardians in being assertive in communication and emphasizing self-worth. The facilitator <strong>occasionally</strong> uses reflective listening techniques and engages the family around concerns for the health, safety, permanency, and well-being of the child and family. The facilitator allows the parent/guardians a <strong>reasonable</strong> role in decision making.</td>
</tr>
<tr>
<td><strong>3</strong> Marginal Engagement Efforts.</td>
<td>The facilitator infrequently approaches the family with respect and empathy or modifies their engagement style in a very apathetic manner inconsistently allowing for family and cultural differences. The facilitator is limited in their ability to affirm the story from the perspective of the client and recognize the client’s right to self determination. The facilitator is <strong>ambiguous</strong> in working to empower the clients and <strong>rarely</strong> uses reflective listening techniques and engagement techniques. The caregivers are allowed a <strong>minimal</strong> role in decision making.</td>
</tr>
<tr>
<td><strong>2</strong> Poor Engagement Efforts.</td>
<td>The facilitator seldom approaches the family with respect and empathy or modifies their engagement style to allow for family and cultural differences. The facilitator does an <strong>inadequate</strong> job of affirming the story from the perspective of the client and recognizing the client’s right to self determination. The facilitator vaguely works to empower clients and <strong>rarely</strong> uses reflective listening techniques to attempt to engage the family. The facilitator <strong>hinders</strong> the parent/guardian’s role in decision making.</td>
</tr>
<tr>
<td><strong>1</strong> Adverse Engagement Efforts.</td>
<td>The facilitator is disrespectful and disregards family and cultural differences. The facilitator is <strong>problematic</strong> in affirming the story from the perspective of the client and does not recognize the client’s right to self determination. The facilitator <strong>fails</strong> to work to empower the clients and is <strong>unable</strong> in reassuring them that they have choices. The facilitator <strong>never</strong> uses reflective listening techniques to engage the family. The parent/guardian’s do not have a role in decision making.</td>
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</table>
**Description of the Practice Performance**

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</thead>
<tbody>
<tr>
<td>6</td>
<td><strong>Optimal Identification of Strengths.</strong> The facilitator is consistently able to identify existing protective capacities and areas of effective parenting. These identified capacities are accurate and relevant to the family’s involvement in CPS. The facilitator does an excellent job affirming client’s functional strengths as well as functional strengths of other team members. The facilitator is diligent in encouraging clients to identify some of their own functional strengths and promoting other team members to identify functional strengths of the client.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Good Identification of Strengths.</strong> The facilitator is frequently able to identify existing protective capacities and areas of effective parenting. These identified capacities are appropriate and applicable to the family’s involvement in CPS. The facilitator does a substantial job affirming client’s functional strengths as well as functional strengths of other team members. The facilitator is conscientious in encouraging clients to identify some of their own functional strengths and promoting other team members to identify functional strengths of the client.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Fair Identification of Strengths.</strong> The facilitator is occasionally able to identify existing protective capacities and areas of effective parenting. These identified capacities are adequate and somewhat related to the family’s involvement in CPS. The facilitator does a reasonable job affirming client’s functional strengths as well as functional strengths of other team members. The facilitator is partially able to encourage clients to identify some of their own functional strengths and promote other team members to identify functional strengths of the client.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Marginal Identification of Strengths.</strong> The facilitator arbitrarily identifies existing protective capacities and areas of effective parenting. These identified capacities are minimally related to the family’s involvement in CPS. The facilitator is inconsistent in affirming client’s functional strengths as well as functional strengths of other team members. The facilitator is limited in his/her ability to encourage clients to identify some of their own functional strengths and/or promoting other team members to identify functional strengths of the client.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Poor Identification of Strengths.</strong> The facilitator is rarely able to identify existing protective capacities or areas of effective parenting. When the existing protective capacities are identified, they are detached from the family’s involvement in CPS. The facilitator’s ability to affirm client’s functional strengths as well as functional strengths of other team members is inadequate. The facilitator is unclear in encouraging clients and other team members to identify functional strengths of the client.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Adverse Identification of Strengths.</strong> The facilitator is never able to identify existing protective capacities or areas of effective parenting. The facilitator lacks the ability to affirm client’s functional strengths or the functional strengths of other team members. The facilitator fails to encourage clients and other team members to identify functional strengths.</td>
</tr>
<tr>
<td>Description of the Practice Performance</td>
<td>Rating Level</td>
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<tr>
<td>---------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Optimal Safety Assessment and Understanding.</strong> The facilitator provides an accurate and complete examination of how impending danger threats are occurring in the family. This includes a thorough assessment of what parent/guardian protective capacities are diminished in relation to the impending danger threats. The facilitator will correctly identify whether or not parent/guardians acknowledge the threats to safety and will clearly and concisely communicate to the team the reason for CPS involvement (impending danger). The facilitator helps the family achieve a clear understanding of the safety threats within the family and will precisely gauge the level of parent/guardian acknowledgement of safety threats. The facilitator does a superb job balancing their ability to be upfront with clients with their sensitivity to the perceptions of the client. The facilitator is consistently honest and concrete but still able to engage clients and build mutuality.</td>
<td>6</td>
</tr>
<tr>
<td><strong>Good Safety Assessment and Understanding.</strong> The facilitator provides an acceptable and careful examination of how impending danger threats are occurring in the family. This includes a detailed assessment of what parent/guardian protective capacities are diminished in relation to the impending danger threats. The facilitator will easily identify whether or not parent/guardians acknowledge the threats to safety and will appropriately and succinctly communicate to the team the reason for CPS involvement (impending danger). The facilitator helps the family achieve a proper understanding of the safety threats within the family and will purposefully gauge the level of parent/guardian acknowledgement of safety threats. The facilitator does a sufficient job balancing their ability to be upfront with clients with their sensitivity to the perceptions of the client. The facilitator is regularly honest and concrete but still able to engage clients and build mutuality.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Fair Safety Assessment and Understanding.</strong> The facilitator provides an adequate examination of how impending danger threats are occurring in the family. This includes a reasonable assessment of what parent/guardian protective capacities are diminished in relation to the impending danger threats. The facilitator will occasionally identify whether or not parent/guardians acknowledge the threats to safety and will briefly communicate to the team the reason for CPS involvement (impending danger). The facilitator helps the family achieve a general understanding of the safety threats within the family and will comprehensively gauge the level of parent/guardian acknowledgement of safety threats. The facilitator does a fair job balancing their ability to be upfront with clients with their sensitivity to the perceptions of the client. The facilitator is somewhat honest and concrete but still able to engage clients and build mutuality.</td>
<td>4</td>
</tr>
<tr>
<td><strong>Marginal Safety Assessment and Understanding.</strong> The facilitator provides a limited examination of how impending danger threats are occurring in the family and minimally assesses what parent/guardian protective capacities are diminished in relation to the impending danger threats. The facilitator ambiguously identifies whether or not parent/guardians acknowledge the threats to safety and apathetically attempts to communicate to the team the reason for CPS involvement (impending danger). The facilitator inconsistently gauges the level of parent/guardian acknowledgement of safety threats. The facilitator marginally attempts to balance honesty and sensitivity to the perceptions of the client.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Poor Safety Assessment and Understanding.</strong> The facilitator provides a convoluted examination of how impending danger threats are occurring in the family and rarely assesses what parent/guardian protective capacities are diminished in relation to the impending danger threats. The facilitator inappropriately identifies whether or not parent/guardians acknowledge the threats to safety and is unclear in attempting to communicate to the team the reason for CPS involvement (impending danger). The facilitator seldom gauges the level of parent/guardian acknowledgement of safety threats.</td>
<td>2</td>
</tr>
<tr>
<td><strong>Adverse Safety Assessment and Understanding.</strong> The facilitator does not provide an examination or provides a problematic examination of how impending danger threats are occurring in the family. The facilitator is unable to identify what parent/guardian protective capacities are diminished in relation to the impending danger threats. The facilitator fails to identify parent/guardian’s acknowledgement of safety threats and lacks in their ability to communicate the reasons for CPS involvement.</td>
<td>1</td>
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</table>
### Description of the Practice Performance

<table>
<thead>
<tr>
<th>Optimal Vision Identification.</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>The facilitator promotes the change process by <strong>dynamically</strong> encouraging and supporting the family in articulating what they would like to see happen specifically as it relates to the future of the family. The facilitator <strong>consistently</strong> helps clients realize that they have control over the future. The facilitator remains positive about the future and expresses optimism for successful vision completion. The facilitator <strong>diligently</strong> assists the family on focusing on family strengths, hopes and aspirations, in accordance with cultural traditions and values as building blocks for services with the child and/or family. The facilitator is <strong>attentive</strong> to helping clients remain realistic and focused on a vision that pertains to their current situation. The specified vision is vivid, <strong>specific</strong>, <strong>clear</strong>, and <strong>safety focused</strong>. When appropriate, the team is allowed input/feedback. The entire family is included in developing the vision statement, which is written in the family’s words. Team members who leave the meeting know what the identified vision is. The vision statement is then <strong>accurately</strong> documented for later use.</td>
<td><strong>6</strong></td>
</tr>
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<table>
<thead>
<tr>
<th>Good Vision Identification.</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>The facilitator promotes the change process by <strong>actively</strong> encouraging and supporting the family in articulating what they would like to see happen specifically as it relates to the future of the family. The facilitator frequently helps clients realize that they have control over the future. The facilitator remains positive about the future and expresses optimism for successful vision completion. The facilitator is <strong>conscientious</strong> in assisting the family on focusing on family strengths, hopes and aspirations, in accordance with cultural traditions and values as building blocks for services with the child and/or family. The facilitator <strong>sufficiently</strong> helps clients remain realistic and focused on a vision that pertains to their current situation. The specified vision is <strong>logical</strong>, <strong>succinct</strong>, <strong>appropriate</strong>, and <strong>properly</strong> safety focused. When appropriate, the team is allowed input/feedback. The family is included in developing the vision statement, which is written in the family’s words. Team members who leave the meeting know what the identified vision is. The vision statement is then <strong>appropriately</strong> documented for later use.</td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Fair Vision Identification.</th>
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<tbody>
<tr>
<td>The facilitator promotes the change process by encouraging and supporting the family in articulating what they would like to see happen specifically as it relates to the future of the family. The facilitator <strong>occasionally</strong> helps clients realize that they have control over the future. The facilitator remains positive about the future and expresses optimism for successful vision completion. The facilitator makes some effort in assisting the family on focusing on family strengths, hopes and aspirations, in accordance with cultural traditions and values as building blocks for services with the child and/or family. The facilitator is <strong>partially</strong> able to help clients remain realistic and focused on a vision that pertains to their current situation. The specified vision is <strong>brief</strong>, yet <strong>reasonable</strong>, and <strong>generally</strong> safety focused. The team is allowed a <strong>fair</strong> amount of input/feedback. The family is included in developing the vision statement, which is written in the family’s words. Team members who leave the meeting know what the identified vision is. The vision statement is then <strong>adequately</strong> documented for later use.</td>
<td><strong>4</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Marginal Vision Identification.</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>The facilitator attempts to promote the change process by <strong>apathetically</strong> encouraging the family to articulate what they would like to see happen specifically as it relates to the future of the family. The facilitator is <strong>inconsistent</strong> in helping clients realize that they have control over the future. The facilitator is <strong>limited</strong> in assisting the family on focusing on family strengths in accordance with cultural traditions and values. The facilitator <strong>randomly</strong> helps clients remain realistic and focused on a vision that pertains to their current situation. The specified vision is <strong>ambiguous</strong> and <strong>minimally</strong> focused on safety. The team is allowed little feedback. The family is <strong>arbitrarily</strong> included in developing the vision statement. The vision statement is <strong>inconsistently</strong> documented for later use.</td>
<td><strong>3</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Poor Vision Identification.</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>The facilitator is <strong>detached</strong> in attempting to promote the change process. The facilitator’s ability to help clients realize that they have control over the future is <strong>reduced</strong>. The facilitator is <strong>inadequate</strong> in assisting the family on focusing on family strengths in accordance with cultural traditions and values. The facilitator does a <strong>poor</strong> job helping clients remain realistic and focused on a vision that pertains to their current situation. The specified vision is <strong>unclear</strong> and <strong>seldom</strong> safety focused. The family is <strong>rarely</strong> included in developing the vision statement. The vision statement is only <strong>vaguely</strong> documented for later use.</td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adverse Vision Identification.</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>The facilitator is <strong>unable</strong> to promote the change process and <strong>fails</strong> to help clients realize that they have control over the future. The facilitator <strong>lacks</strong> the ability to focus on family strengths in accordance with cultural traditions and values. The facilitator <strong>never</strong> includes the family in developing the vision statement. The specified vision, if developed, is either <strong>inaccurate</strong> or <strong>problematic</strong> and <strong>fails</strong> to focus on safety. The vision statement, if developed, is <strong>erroneously</strong> documented for later use.</td>
<td><strong>1</strong></td>
</tr>
<tr>
<td>Description of the Practice Performance</td>
<td>Rating Level</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Optimal Safety Planning.</strong> The facilitator is always direct and open in their communication with clients. The facilitator is able to paint a clear picture of the relationship between impending dangers and corresponding diminished protective capacities. The facilitator consistently does this in a manner that is easy to understand. The facilitator accurately identifies areas of agreement and disagreement and diligently helps the client achieve a clear understanding of what must change. In doing this the facilitator is constantly sensitive to the client’s perspective. The facilitator does an outstanding job of reframing negative thinking by focusing on the existing protective capacities of the parent/guardian. The facilitator excels at seeking willingness from the clients to continue participation.</td>
<td>6</td>
</tr>
<tr>
<td><strong>Good Safety Planning.</strong> The facilitator is predominantly direct and open in their communication with clients. The facilitator is able to paint an understandable picture of the relationship between impending dangers and corresponding diminished protective capacities. The facilitator regularly does this in a manner that is easy to understand. The facilitator appropriately identifies areas of agreement and disagreement and repeatedly helps the client achieve a clear understanding of what must change. In doing this the facilitator is frequently sensitive to the client’s perspective. The facilitator does a substantial job of reframing negative thinking by focusing on the existing protective capacities of the parent/guardian. The facilitator actively seeks willingness from the clients to continue participation.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Fair Safety Planning.</strong> The facilitator is generally direct and open in their communication with clients. The facilitator is able to paint a reasonable picture of the relationship between impending dangers and corresponding diminished protective capacities. The facilitator occasionally does this in a manner that is easy to understand. The facilitator partially identifies areas of agreement and disagreement and sometimes helps the client achieve an understanding of what must change. In doing this the facilitator is moderately sensitive to the client’s perspective. The facilitator does an average job of reframing negative thinking by focusing on the existing protective capacities of the parent/guardian. The facilitator sporadically seeks willingness from the clients to continue participation.</td>
<td>4</td>
</tr>
<tr>
<td><strong>Marginal Safety Planning.</strong> The facilitator is randomly direct and open in communicating with clients. The facilitator paints a marginal picture of the relationship between impending dangers and corresponding diminished protective capacities. The facilitator inconsistently does this in a manner that is easy to understand. The facilitator minimally identifies areas of agreement and disagreement but is limited in their ability to help the client achieve an understanding of what must change. The facilitator is infrequently sensitive to the client’s perspective. The facilitator arbitrarily reframes negative thinking by focusing on the existing protective capacities of the parent/guardian. The facilitator apathetically seeks willingness from the clients to continue participation.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Poor Safety Planning.</strong> The facilitator is seldom direct and open in their communication with clients. The facilitator paints a vague picture of the relationship between impending dangers and corresponding diminished protective capacities and is unclear in doing so. The facilitator rarely identifies areas of agreement and disagreement and is unpredictably sensitive to the client’s perspective. The facilitator encourages a convoluted understanding of what must change and inappropriately reframes negative thinking. The facilitator intermittently seeks willingness from the clients to continue participation.</td>
<td>2</td>
</tr>
<tr>
<td><strong>Absent or Misdirected Safety Planning.</strong> The facilitator lacks open communication with clients. The facilitator fails to identify the relationship between impending dangers and corresponding diminished protective capacities. The facilitator is unable to identify areas of agreement and disagreement and is never sensitive to the client’s perspective. The facilitator encourages the client to achieve an erroneous understanding of what must change. The facilitator inaccurately reframes negative thinking and fails to seek willingness from the clients to continue participation.</td>
<td>1</td>
</tr>
</tbody>
</table>
### Description of the Practice Performance

<table>
<thead>
<tr>
<th>Rating Level</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Optimal Supports/Intervention Planning.</strong></td>
<td>The facilitator <strong>always</strong> reaffirms self determination and confirms what parents/guardians are willing to commit to doing in the case plan. The facilitator does a <strong>superb</strong> job prioritizing the focus of the case plan and facilitating accurate updates from team members about client’s role in making necessary changes. The facilitator <strong>consistently</strong> identifies which service providers are most accessible while making sure to incorporate any service providers that the client has identified. The facilitator is able to <strong>correctly</strong> identify with clients which providers will best fit their needs and <strong>accurately</strong> direct the client’s focus to what the service is intended to accomplish. The facilitator <strong>consistently</strong> elicits commitment from parents/guardians to participate in services and makes adjustments to treatment services if necessary.</td>
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<tr>
<td>6</td>
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<tr>
<td><strong>Good Supports/Invention Planning.</strong></td>
<td>The facilitator <strong>repeatedly</strong> reaffirms self determination and confirms what parents/guardians are willing to commit to doing in the case plan. The facilitator does a <strong>substantial</strong> job prioritizing the focus of the case plan and facilitating accurate updates from team members about client’s role in making necessary changes. The facilitator <strong>regularly</strong> identifies which service providers are most accessible while making sure to incorporate any service providers that the client has identified. The facilitator is able to <strong>appropriately</strong> identify with clients which providers will best fit their needs and <strong>properly</strong> direct the client’s focus to what the service is intended to accomplish. The facilitator <strong>frequently</strong> elicits commitment from parents/guardians to participate in services and makes adjustments to treatment services if necessary.</td>
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<tr>
<td>5</td>
<td></td>
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<tr>
<td><strong>Fair Supports/Intervention Planning.</strong></td>
<td>The facilitator <strong>sometimes</strong> reaffirms self determination and confirms what parents/guardians are willing to commit to doing in the case plan. The facilitator does a <strong>reasonable</strong> job prioritizing the focus of the case plan and facilitating accurate updates from team members about client’s role in making necessary changes. The facilitator <strong>occasionally</strong> identifies which service providers are most accessible while making sure to incorporate any service providers that the client has identified. The facilitator is able to <strong>reasonably</strong> identify with clients which providers will best fit their needs and <strong>generally</strong> direct the client’s focus to what the service is intended to accomplish. The facilitator <strong>sporadically</strong> elicits commitment from parents/guardians to participate in services and makes adjustments to treatment services if necessary.</td>
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<td>4</td>
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<tr>
<td><strong>Marginal Support/Intervention Planning.</strong></td>
<td>The facilitator <strong>arbitrarily</strong> confirms what parents/guardians are willing to commit to doing in the case plan. The facilitator <strong>inconsistently</strong> prioritizes the focus of the case plan or facilitates updates from team members about the client’s role in making necessary changes. The facilitator <strong>inadequately</strong> identifies which service providers are most accessible and any service providers that the client has identified. The facilitator is <strong>unclear</strong> in identifying with clients which providers will best fit their needs by focusing on what the service is intended to accomplish. The facilitator is <strong>limited</strong> in their ability to elicit commitment from parents/guardians.</td>
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<tr>
<td>3</td>
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<tr>
<td><strong>Poor Support/Intervention Planning.</strong></td>
<td>The facilitator <strong>rarely</strong> confirms what parents/guardians are willing to commit to doing in the case plan. The facilitator does a <strong>poor</strong> job prioritizing the focus of the case plan and facilitating updates from team members about the client’s role in making necessary changes. The facilitator <strong>inadequately</strong> identifies accessible service providers or service providers that the client has identified. The facilitator is <strong>unclear</strong> in identifying with clients which providers will best fit their needs. The facilitator is <strong>seldom</strong> able to elicit commitment from parents/guardians.</td>
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<tr>
<td>2</td>
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<tr>
<td><strong>Absent or Misdirected Support Planning.</strong></td>
<td>The facilitator <strong>never</strong> confirms what parents/guardians are willing to commit to doing in the case plan. The facilitator is <strong>unable</strong> to prioritize the focus of the case plan or facilitate updates from team members. The facilitator is <strong>problematic</strong> in identifying service providers that will best fit the client’s needs. The facilitator is <strong>lacking</strong> in their ability to elicit commitment from parents/guardians.</td>
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</table>
### WI Quality Team Meeting Review Profile

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Reviewer</th>
<th>Date / / /</th>
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<tbody>
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<tr>
<th></th>
<th>Improve</th>
<th>Refine</th>
<th>Maintain</th>
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<tbody>
<tr>
<td>Mental Model/Vision</td>
<td>1 2 3 4</td>
<td>5 6</td>
<td></td>
<td></td>
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<tr>
<td>Preparation</td>
<td>1 2 3 4</td>
<td>5 6</td>
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<thead>
<tr>
<th></th>
<th>1 2 3 4 5 6</th>
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<tbody>
<tr>
<td>Introduction/Purpose</td>
<td></td>
</tr>
<tr>
<td>Client’s Story – Engagement</td>
<td>1 2 3 4</td>
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<tr>
<td>Client’s Functional Strengths</td>
<td>1 2 3 4</td>
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<tr>
<td>Safety Assessment and Understanding</td>
<td>1 2 3 4</td>
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<tr>
<td>Vision Statement</td>
<td>1 2 3 4</td>
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<tr>
<td>What Must Change</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Change Strategies</td>
<td>1 2 3 4</td>
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</tbody>
</table>

**Overall Team Meeting Ranking** ________________

The specific things that were done that really helped this work, what made a difference?:

What are some things that could improved? Something specific that would really help.
## Individual Facilitation Skills Worksheet

<table>
<thead>
<tr>
<th>Facilitation Skills (Positive and Negative)</th>
<th>Adherence</th>
<th>Competence</th>
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</thead>
<tbody>
<tr>
<td>+ Open-ended questions</td>
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<tr>
<td>+ Affirmation of Strengths and Self-efficacy</td>
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<tr>
<td>+ Reflective statements</td>
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<tr>
<td>+ Fostering a collaborative relationship</td>
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<tr>
<td>+ Developing discrepancies and Motivation to Change</td>
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<tr>
<td>+ Addressing Ambivalence and Facilitating Change Planning Discussion</td>
<td></td>
<td></td>
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<tr>
<td>+ Client-centered problem discussion and feedback</td>
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<td></td>
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<tr>
<td>- Unsolicited advice, direction giving and feedback</td>
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<td></td>
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<tr>
<td>- Confrontation</td>
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<td></td>
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<tr>
<td>- Powerlessness and loss of control</td>
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<td></td>
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<tr>
<td>- Over asserting authority</td>
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<tr>
<td>- Close ended questions</td>
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